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Necrological.

IN MEMORIAM.

JABEZ P. DAKE, A. M., M. D.

On the evening of October 25th, as the people of Nashville, Tenn., were shocked and grieved to learn, Dr. J. P. Dake was, while attending a public gathering, stricken with paralysis. One side was completely paralyzed, and he was rendered entirely unconscious. He was conveyed to his residence, where he lingered on, probably without suffering, until 12:25 on the morning of the 28th, when, surrounded by his devoted family and loving friends, he peacefully expired.

The funeral which followed betokened in its extent and character, what the city press and the resolutions of the different societies to which he belonged so earnestly testified, that the citizens of the community of which he had been for over a quarter of a century an active member felt that they had lost one who was dear to them—one who was prized and lamented as a valued citizen, esteemed physician and beloved friend.

Jabez P., son of Jabez Dake, M. D., a prominent Allopathic physician, first saw the light of day at Johnstown, N. Y., April 22, 1827. His education was acquired at different institutions of learning, and he was graduated from Union College, Schenectady, in 1849. An early convert to Homeopathy—his father having been a convert in 1843—he studied medicine under the preceptorship of Dr. Gustavus Reichhelm, of Pittsburg, Pa., the first distinguished pioneer of Homeopathy west of the Alleghenies. He attended lectures at Geneva Medical College, distinguishing himself while there by an able defense of Homeopathy before the class, against the aspersions and misrepresentations of the faculty. After graduating from the Homeopathic Medical College at Philadelphia in 1851, he joined Dr. Reichhelm in practice, and continued in this connection until the removal of the elder partner to Philadelphia, by which time the younger member of the firm was proprietor of a large and valuable practice.

At different times Dr. Dake assisted in editing a number of the various journals devoted to the dissemination of Homeopathy; for example, the *Philadelphia Journal of Homeopathy*, the *United States Journal of Homeopathy*, the *North American Journal of Homeopathy*, etc., on all of which he industriously labored with marked efficiency. Beside editorials in explanation and furtherance of Homeopathy he was the author of noted essays and orations, conspicuous among which was one on "The Philosophy of Homeopathy," delivered at the centennial celebration of Hahnemann's birthday in Philadelphia in 1855. His zeal and ability in advocacy of Homeopathy, as evidenced in many ways, led to his election to the chair of Materia Medica in the Philadelphia College, the duties of which professorship he filled for two years, when he found it necessary to devote his entire time to his already large practice in Pittsburg. In 1857 he was elected president of the American Institute of Homeopathy at its session in Chicago, and in 1858, in Brooklyn, N. Y., delivered the usual address before that important body.

The doctor was, during many years, a prolific and careful writer. In 1859 he prepared a small guide for domestic practice on "Acute Diseases," which was several times, in later years, revised and enlarged. Excessive labor impaired his health to such an extent that he was compelled finally to abandon his large and well-established practice in Pittsburg, and after recuperating on his farm in Ohio, in 1869, chiefly from consideration for the health of his wife, whose condition required a change, he took up his abode in Nashville, where he did much good for Homeopathy and for humanity, and where he continued in practice to the end of his days. His wife, who survives him, was Miss Elizabeth, daughter of Dr. William Church, an Allopathic physician of eminence, of Pittsburg.

Dr. Dake was a zealous and efficient worker in any department in which he became concerned, and his interest seemed to be enlisted in every good work. His capacity for work, as well as the amount he accomplished, was marvelous. This was owing in great measure to his energetic nature, to his superior intellect, his systematic habit of thought and his decision of character. Whatever he wrote was characterized by force, perspicuity and scholarly grace. Every word was weighed and correctly fitted to its place. Besides his contributions to the journals, which were constantly solicited and which were numerous, he prepared many monographs and many addresses for different associations and for occasions in which he was interested. He was connected with many societies, medical and other, in and outside of Nashville, beside his church, the Baptist, of which he was a member from his boyhood. He was a Mason, a member of the Royal Arcanum, of the Knights of Honor, of the Tennessee Historical Society, of the Public Health Association, of the Nashville Art Association (of which he was the originator), of the Round Table, etc. He was complimented with hon-

orary membership in many medical societies, which were all proud of the honor of having his name in connection with them.

But the society that engrossed the greatest part of his attention, in which he did the most efficient and important service, in which he felt the most abiding interest, and to which he was most completely devoted, was the American Institute of Homeopathy. Of this he became a member in 1852—a "Senior" in 1877—and rarely was it that he was absent from one of its annual meetings, at which he was a conspicuous figure. Here it was his worth and merits were best known and appreciated. Here he was esteemed, admired and beloved. Here his excellent judgment was frequently called into requisition and relied upon—for he was considered one of the "legislators" of the body—one of its Mentors—one who sedulously guarded its interests and provided for its well-being. All concede that no one has contributed more than he to making it the glorious Institute that it is—of which he, like all who have the advantage of membership in it, are so proud. How welcome he always was at its meetings! How he was looked up to and honored and trusted! How he will be missed!

In the Southern Homeopathic Medical Association Dr. Dake also took much interest, and to its success and usefulness he was an important contributor. The last friendly letter received by the writer referred to the pleasure he anticipated in meeting the brethren at Chattanooga. Sad, indeed, will be the disappointment of the members as they will miss his familiar face, his genial greeting and his helpful counsel!

As a practitioner Dr. Dake was successful in an eminent degree. In his grapple with the epidemic cholera in 1873 he made much reputation, his percentage of losses being unprecedentedly small. No man's *clientele* was ever more devoted to a physician than was his.

He was a member of the Homeopathic Yellow Fever Commission which was appointed by the president of the American Institute of Homeopathy, and which met in New Orleans in 1878, and as the writer can testify, from personal knowledge, a very important one. Indeed it seems that wherever any especially important work was to be done he was in demand. He was truly one of the most natural and effective organizers and leaders in all society or committee work.

The object of improving the Materia Medica of the Homeopathic school was dear to Dr. Dake's heart, and he labored long and faithfully in this direction in many ways. He was the American editor, in conjunction with Dr. Richard Hughes, of England, in producing the "Cyclopedia of Drug Pathogenesy."

The most important single production of Dr. Dake was his "Therapeutic Methods; an Outline of Principles Observed in the Art of Healing," a work that shows his careful and extensive research, acute analysis, comprehensive understanding and clear diction, which shows distinctly the limitations of the Homeopathic law, and of the different methods, which should be in the library of every liberal physician, and which should be a text-book in every thorough medical college. Of this book, which embraced the substance of his course of lectures in Philadelphia, showing forth the scientific character of Homeopathic therapeutics, he wrote: "I am quite willing to be judged by the teaching of that work in all the years to come." And well might he be!

Dr. Dake's suavity, which was a characteristic, was genuine, and he had no smack of sycophancy—for he was without guile. He was too proud to fawn, too independent to cringe, too honest and sincere to flatter. While of a gentle and generous nature, he was firm in his convictions, which were reached with conscientious care; and he was brave, very brave, and vigorous in his contentions for what he believed to be right. While, in the course of his advocacy of his views of Homeopathy (and he was one of its ablest and staunchest exponents and defenders) he was frequently engaged in controversies, he was, throughout all, the thorough gentleman, always courteous. No trace of scurrility ever blemished his writings. He was a man of taste in writing as in other things.

Dr. Dake was strong and unswerving in his integrity, and left, as "the good man leaveth an inheritance," an unsullied reputation for probity. No living man or woman can ever confront his children with a charge of a dishonorable act on the part of their beloved father. And what a noble heritage is the record of such a life! The long-time happy home is shadowed; the faithful, devoted wife, who was his comfort and supporting companion through all the vicissitudes of a married life of more than forty-three years, is now widowed and grieved: but there are consolations:

> Let Fate do her worst, there are relics of joy.
> Bright dreams of the past, which she cannot destroy,
> Which come in the night-time of sorrow and care,
> And bring back the features that joy used to wear.

There is a pleasant and a beneficent afterglow from such a life. Remaining are four worthy and prosperous sons—Homeopathic practitioners and members of the Institute all, to illustrate his precepts and his example, his principles and his methods—Drs. William C. and Walter M. Dake, of Nashville (Drs. J. P. Dake & Sons, the firm name will not be changed), and Drs. Charles and Frank, at Hot Springs, Ark. Beside these are many who had the privilege and the advantage of his preceptorship and his friendship, and who regarded him as a second father.

To his sons he was not only an almost idolized father, but the relation of companionship existed to a degree not common among those of different generations. "No man of Nashville," writes an editor, "will be more missed. As a broad, liberal-minded citizen, he had no superior, and the devotion of his sons to him is an eloquent tribute of the esteem in which he was held by his own family."

In foreign lands Dr. Dake was one of the best known of the American physicians—not only on account of his contributions to medical literature, but because, on his several extensive tours abroad, he took care to seek out his Homeopathic confreres—as "a fellow feeling makes us wondrous kind." He was, indeed, one of the most distinguished Homeopathic physicians of the world.

The achievements of the medical practitioner, those triumphs of skill and assiduity which gratify him and win for him reputation, cannot be stated and heralded as are the strokes which give an immortality of fame to the political or the military hero; but many a medical man is nevertheless a hero, and all the while, as he pursues "the even tenor of his way" in going about and doing

good, he is endearing himself to those in whose service he labors. A wealth of love which is sweeter and dearer to him than that of pelf or renown is his—and rich beyond repute was our friend in this!

Ethical and religious principles were thoroughly ingrained in the nature of Dr. Dake, and they were the subject of much thought; but he was unobtrusive of his views, and was liberal, broad-minded and charitable toward those of different tenets, believing that the chief of virtues is charity. The solemnities at his burial were performed by ministers of four different denominations—Baptist, Christian, Episcopal and Methodist. No bigot could ever have received such a testimonial of honor as this!

The friend who enjoyed his affection, who treasures his memory, and who in sadness, but as a labor of love, writes down these lines, well knows how more than distasteful would be any tribute to him which would savor of fulsome eulogy, and surely nothing of this nature can be thought of. It would be hard, indeed, however, to find words of praise that would seem excessive to those who knew the subject of this sketch. There are few men of his merit. He was essentially good, his heart flowing with the milk of human kindness. Benevolence shone in his smile of greeting, which, like his good works, was the flower of his heart. He was ever welcome as physician or as friend. His counsel was wise and his very presence was helpful. He aided many, he consoled and encouraged many, he sympathized with many—and nothing knits a friendship closer than a sympathy in woe.

No wonder that a throng of high and low gathered anxiously before his dwelling as his illness became known! No wonder that all classes united in their tributes of esteem and affection! No wonder that hundreds gathered on his burial day with aching hearts, and choking throats, and sobbing voice, and tearful eyes, as they thought of the loss of this valued and dear friend!

But, he has gone hence; and whither? In what companionship does such a soul, so choice a spirit, belong? Is it bold to indicate the answer? Verily he was one who, like Abou Ben Adhem, might be written down "as one who loves his fellow men," and whose name was among "the names of those whom love of God had blessed."

F. H. ORME.

Atlanta, Ga., November 6, 1894.

Materia Medica.

THE IMPORTANCE OF STUDYING CHARACTERISTICS, OR KEY-NOTE SYMPTOMS.

BY A. R. F. GROB, M. D., MILWAUKEE, WIS.

Materia Medica is to the physician what the compass is to the mariner. A full knowledge of the same and a close familiarity with symptomatology is the main guide of the disciple of Hahnemann.

Without it our curative abilities would be limited and we would in no way differ from our Allopathic confreres.

The study of the pathogenetic effects of drugs and the administration of the same at the bedside has been the foundation of Homeopathy. It is the rock upon which the superstructure of Homeopathic medical science has been built, and which will therefore rank supreme until the end of time, while Allopathy and other "pathies" built upon guesswork and sand must and will disappear and find their goal in oblivion. Fallacy and erroneous hypotheses must vanish, for truth alone shall prevail.

Although we claim the study of Materia Medica to be the most important, still we do not wish to underrate the value of pathology, physiology and other sub-branches of medicine. They are all necessary to a thorough medical training, and we could not afford to be deprived of their individual uses. With them we are able to diagnose and explain the effects and tendencies of morbid phenomena, and we can comply with the requirements of law as educated physicians; but without Materia Medica we could do but little to combat disease and help suffering humanity. Other things being equal, the most skillful healers are those who possess the most thorough knowledge of the pathogenesis and the clinical application of remedies. A good practical knowledge would require the study of at least one hundred and fifty (150) different drugs in common use. Fifty of these might be classified as polychrests and the balance as of secondary importance. However, we are well aware that the armamentarium of not a few practitioners does not exceed thirty or forty remedies, and some could easily count on their fingers the drugs with which they are but fairly familiar. These few familiar drugs are often prescribed in a routine manner, without an attempt to find the true similimum in each case. Such practitioners seldom bother their heads with the study of Materia Medica, and symptomatology in particular. When making the attempt they are very liable to become confused and discouraged by the wilderness of symptoms. They can not appreciate their value and they show their ignorance by trying to ridicule certain trivial symptoms, which, had they known more about them, would have proven landmarks or key-notes for a correct remedial selection. Skepticism and a distaste for symptomatology only indicate one's defective knowledge. One's faith depends upon one's practical knowledge of this subject. Truly, the best means of advancing pure Homeopathy is to cultivate an interest in the study of Materia Medica. Besides, experience proves that the less formidable is one's Homeopathic armamentarium the greater is his need of supplementing it with Allopathic weapons. Such physicians, knowing perhaps little of the value of symptoms and having no tact in detecting characteristics, will be apt to talk and proclaim "liberality and freedom" in prescribing to be the correct thing, though in reality they only say this for the purpose of justifying their "sitting on the fence" and to relieve the sting of their own consciences, which tells them that they are but poor disciples of Hahnemann.

In order to enjoy at least a fair success in curing ills they must resort to the hypodermic gun and various anodynes. Why? Simply because they are not able to readily select that remedy which could, in the shortest possible time, and in the safest and most agreeable manner, completely and perfectly allay pain and finally restore the patient to sound health.

You may, perhaps, think this exaggeration, but I am willing to claim that there is no ill or disease *that can be cured by medicine*, which does not possess this medicinal agent amongst the list of Homeopathic remedies, and that if we fail to bring about

a curative result, it is by no means a defect or fault of Homeopathy, or a limitation of the truly universal applicability of the law of similia, but only a proof of our ignorance and lack of symptomatological ability.

You may now rightly ask: How is it possible ever to acquire a sufficient knowledge in scientific prescribing so as to most certainly be able to select the true remedy in all cases coming under our professional care?

Truly, not by simply studying remedies as they are pictured out to us in our elaborate works on Materia Medica. Here the student will find symptom after symptom related, which he will again find mentioned under many other remedies. Such symptoms are of but minor importance, and only help to make the picture of the drug under investigation more complete.

Our great aim should be to find and impress upon our minds those symptoms *which are peculiar or characteristic of but one single drug and which can only be resembled but not duplicated by symptoms of other remedies.*

Such characteristics or keynotes, however, can generally only be detected by comparing drugs and finding their points of differentiation.

For example: *Aconite, Bryonia, Arsenicum, Hyoscyamus, Helleborus, Phosphorus, Tartar emetic,* and many others have thirst as one of their symptoms. Now to know which one of these remedies is the true similimum in a given case, we must find further landmarks to show which one will be indicated. We will thus find under *Aconite*: "Heat with thirst, with a full and frequent pulse; anxious impatience; unappeasable; beside himself; tossing about in agony." The *Bryonia* thirst requires large drinks of water in longer intervals, while *Arsenicum* wants to drink water every few minutes—but only a swallow at a time. Again, the *Bryonia* patient prefers hot drinks, which relieve; while under *Arsenicum* the patient has thirst for cold water, though finding relief from a warm room or hot applications. *Phosphorus* also likes to drink water, but it is sure to be thrown up as soon as it becomes warm in the stomach, while the *Arsenicum* patient will take frequent sips, though the water in the stomach is apt to burn or lie heavy. Again, *Hyoscyamus* has much thirst with, at the same time, an aversion for drinking; *Helleborus* has a greedy drinking of water; and *Ignatia* is thirsty during the chill, but has no thirst during the fever spell. Under the thirst of *Veratrum album* water will taste bitter; while under *Secale cornutum* the thirst is simply unquenchable, and the more they drink the more they will have to drink.

We can thus continue to compare all remedies, and we will then be able to learn their individual peculiarities, which at the bedside will guide us safely to the right remedy. As we have done with the symptom thirst, so we must do with all other classes of symptoms.

Thus in rheumatism we will find *Bryonia, Colchicum, Rhododendron, Rhus tox.*, etc., indicated, and without knowing the characteristics of each we would be at a loss which one to give.

We will, therefore, soon find that the *Bryonia* pain is relieved by rest, and is worse from motion, while in *Rhus tox.* it is just the reverse, viz., worse from rest and better from motion. *Bryonia* will also affect mostly the larger joints of the body, while *Rhus* prefers the muscular tissues, and *Colchicum* mostly the periosteum and smaller joints, with great sensitiveness of the parts, so that even "stubbing the toes will hurt exceedingly."

In gout *Arnica* will show "great fear of being struck by persons coming across the room," and the *Apocynum* patient will scream with pain the moment you touch the body or even the bed on which he lies.

Rhododendron and *Rhus* are also very similar, but differ in that the former will have pains worse before rough or windy weather, while the latter will be worse before rain or a thunder storm, and will feel relieved when the wet weather has set in.

The character and locality of pain are also of great importance.

Thus, in general, *Apis* will have stinging pains and *Arnica* a bruised feeling all over. *Arsenicum* will have burning pains, and the parts may actually burn like fire. The *Bryonia* pains are stitching and tearing, and are worse from motion. *Aloes* will have cutting and griping pains in lower right part of abdomen. The *Cuprum* pains are of a constrictive character, while the *Dioscorea* pains are terrible, twisting and tearing, with a feeling as if the intestines were being grasped and twisted by a powerful hand. *Eupatorium perf.* is noted for its break-bone pains; *Pulsatilla* for its wandering pains, and *Nitric acid* for its pricking sensations. *Rhus tox* has pain as if sprained, while *Sabina* has drawing pains and dragging in the small of the back, extending into the pubic region. In *Secale cor.* the pains are of an expulsive character, and in *Sepia* the bearing-down pains are so decided that the patient will cross her limbs to prevent an uterine protrusion.

Furthermore, we may compare *Arsenicum, Terebinthina* and *Zincum. Arsenicum* will have burning pains in any part of the body, but particularly in the stomach; while in *Terebinthina* the violent burning pain is only in the region of the kidney, and in *Zincum* only in the tibia. Under the heading "Sensations" we will also find many symptoms which are remarkable and valuable. For example, if patient has a sensation as of a lump like an egg in the stomach, not a sense of weight but of a hard lump which hurts, we may be sure that *Abies nigra* is the remedy. Furthermore, *Aesculus* will be indicated if the rectum feels as if full of small sticks, together, perhaps, with a sensation of heaviness and lameness in the back. *Anacardium* has a sensation as of a hoop or band around a part. *Belladonna* has a feeling in the back as if it would break, thus hindering motion; and the *Bryonia* patient feels as though he were continually sinking down in bed. *Cactus grandiflorus* feels as if the heart were repeatedly clasped and unclasped by a strong iron hand, while in *Lilium tigrinum* the heart feels as if pressed between two flat, hard substances, and *Cannabis sat.* has the sensation as if fluid were dropping from the heart. *Argentum nitricum* and *Nitric acid* have a sensation as of a splinter in the throat, while in *Hepar sulph.* it is more like a fishbone, in *Natrum mur.*, like a hair, and in *Valeriana* like a string or thread hanging down the throat. *Baptisia tinct.* will be indicated when the patient cannot go to sleep, because she cannot get herself together; her head feels as if it were scattered about; she tosses about the bed to get the pieces together. *Cannabis indica* has a sensation as though the top of the head opened and shut, or was lifted up.

One of the most marked characteristics of *Calcarea carb.* is: Her feet always feel as if she had on cold, damp stockings, and they are continually cold in bed. Furthermore, if, with the foregoing symptom, the menses come too often, are too profuse and last too long, it is the remedy *par excellence.*

A marked peculiarity of *Crocus sativa* is a sensation as if something the size of a fist were rolling around in the abdomen.

In *Glonoine* the patient is afraid to move or even shake the head, because it feels as if it would break. *Ipecacuaha* has a distressing feeling in the abdomen, as though the stomach were hanging down relaxed, while *Abrotanum* has a sensation as if the stomach were hanging or swimming in water, with a peculiar feeling of coldness. One of the greatest characteristics of *Lachesis* is, always worse after sleep, in any kind of trouble; while if the patient is apt to awake at 3 A. M., and lies awake for hours with a rush of thoughts, falls asleep in the later morning with troublesome dreams, and gets up more tired than when he went to bed, we may be positive that *Nux vomica* is the remedy to be given. Again, in indigestion, *Nux vomica* will be indicated if the pains come on about one or two hours after eating, while in *Lycopodium* they will come directly after eating. Again, *Lycopodium* will feel full after eating the smallest quantity, while the fullness of *China* will occur after eating the usual amount. Also the *Nux vomica* patient will like fat food, while the *Pulsatilla* patient will dislike it.

The headache of *Nux vomica* will be better in a warm room, while in *Pulsatilla* it is better in the open air. This feeling better in the open air, in any kind of trouble, is one of the most decided peculiarities of *Pulsatilla.* A similar thing can be observed by comparing the cough of *Bryonia* and *Phosphorus.* The *Bryonia* cough will be worse coming from the cold air into a warm room, while with *Phosphorus* the cough will be worse going from a warm room into the cold air.

To further show how interesting it is to find and study the differentiating points between remedies I shall only yet mention the five most important remedies having irritability as one of their most marked characteristics.

With the *Aconite* irritability the patient is fearful and anxious, and will dread things.

In the *Aurum met.* irritability the patient has a suicidal tendency and will thresh around the bed as if willing to injure or kill himself. This condition is often found in women during confinement.

In the *Chamomilla* irritability the patient is of a spiteful and uncivil disposition.

In the *Coffea* irritability the patient is wakeful and on the constant move.

And in the *Nux vomica* irritability the patient is sullen, keeps his eyes shut, does not wish to speak or have anything to do with anyone.

I would greatly enjoy to extend this comparative study of symptoms, but space is limited and I only intended to give a few examples of differential symptomatology. I believe that, as stated before, to thus learn and find the peculiarities of remedies, we will possess, at the end, a better knowledge of Materia Medica in general and its bedside uses, than if we study this branch of medicine in the old-fashioned dry and wearisome manner. To search for points of differentiation and marked pathogenetic effects will make it highly interesting, besides being also most instructive.

Again, I wish to say that if we are familiar with the characteristics or key-note symptoms, we will never need to blush at the bedside, nor be at a loss what remedy to prescribe.

MATERIA MEDICA MELANGE.

By W. A. DEWEY, M. D., New York.

EX-PROFESSOR MATERIA MEDICA, HAHNEMANN HOSPITAL COLLEGE, SAN FRANCISCO.

Lachesis in Anemia. Dr. Waszily, of Kiel, reports in the *Archiv für Homeopathie* the following symptoms cured by *Lachesis* 30: Headache in the temples or occiput; worse from depressing warmth or the heat of the sun; weakness and incapacity for work, diminished appetite; spirituous drinks disagree; much flatulence, with passage of offensive flatus; stools constipated, urine normal; cannot bear anything tight about neck or body; menstruation every three weeks preceded by backache and pains in pelvis; flow offensive. When the flow becomes established all difficulties are relieved; is irritable, and for about a year these manifestations have increased and have been especially bad since the birth of last child.

Rhus tox in typhoid fever has usually diarrhea; *Bryonia* has usually constipation. In hemorrhoids *Aloes* has diarrhea, and *Collinsonia* constipation.

Antipyrine produced an eruption of herpes on the genital organs in a woman who had taken a grain of the drug. This lasted a month, and a month later the patient took another dose of a grain of the drug. In eight hours there appeared an exanthema on the point of the nose and the left side and tears in the left eye. These symptoms repeated themselves about eight times in the course of a year. In the following year, after a similar medication, there appeared a bright red spot on the flux or surface of the left forearm, which became yellow in two days and blistered about the eighth day. Three other uticaria blebs appeared at the same locality.—*Therapeutische Blätter.*

Bismuth salycilicum produced an eruption of a pale red erythema, with numerous papular spots, without itching or fever.—*Therapeutische Monatschrift.*

Morphine produced an intense swelling of the lids of the left eye, with a crop of herpes on the lips. Every time morphine was taken thereafter the same manifestations appeared.—*Wiener Med. Blätter.*

Graphalium. Rheumatic pains without inflammation and stiffness in all the joints; ambulating neuralgias.

Thyroid Gland Extract, the late Allopathic fad for myxoedema and psoriasis, produced glycosuria in a case where it was given for the latter disease. The sugar disappeared after discontinuance of the remedy.

Practice of Medicine.

SUGAR IN URINE OF LOW SPECIFIC GRAVITY.

By CLIFFORD MITCHELL, M. D., CHICAGO.

PROFESSOR OF RENAL DISEASES, CHICAGO HOMEOPATHIC MEDICAL COLLEGE

Most of us assume that if the specific gravity of urine is below 1020 sugar is absent. Some years

ago, however, I heard of some one, name now forgotten, who had found sugar in urine, below 1020 in gravity.

Hence I have tested *all* urines for sugar, regardless of specific gravity. Moreover, have saved my tubes till the next day whenever alkaline copper test liquids have been used, as it is said that evidence of the presence of a small quantity of sugar is sometimes not to be had for twenty-four hours.

Lately I have found sugar in plenty in a specimen whose specific gravity was but 1015. Eight drops of this urine boiled with one fluid drachm of Haines' test liquid, gave an immediate and copious precipitate. The fermentation method of Roberts showed over 1½ per cent of sugar. The specific gravity, after fermentation, was but 1007. Urea was about six grains to the ounce. The urine had the bright clear look peculiar to diabetic urines and a copious yellow-red sediment of uric-acid crystals so often found in diabetes. The patient was one of Dr. Streeter's, with cataract and history of inflammatory rheumatism.

Medical Century Clinic.

Red Lead in Intractable Ulcers.—Several years ago I treated a case which was of considerable interest to me because of my failure, and somebody else's success. It began like a boil, just below the patella, and in four days broke and discharged a bloody-looking matter. Now ulceration began and continued until the skin and cellular tissue from the knee to the ankle were destroyed, leaving a very angry-looking irritable ulcer. I employed every means within my knowledge to arrest the disease and failed. After about four weeks an old herb doctor came along and sprinkled upon the ulcer a red powder, which cured it in about three weeks. I learned that the red powder was pulverized red lead, and I have since used it many times with the most favorable results. I was requested a few days ago to see a man with a sore leg. I found a large, irritable, varicose ulcer on the shin, and was told that it had existed for three months, and all the doctors in town (four) had prescribed for it; besides, many salves and other means had been employed. I sprinkled the ulcer with red lead and protected it with a piece of muslin spread with mutton tallow. Now, ten days from my first visit, the ulcer is nearly healed.

I give this for two reasons: One, because a new work on surgery is in progress, and the other, because I never read of red lead in books.

I have employed pulverized sugar of lead in excessive granulation on horses with the best results. It will cut the granulations down, and by using a solution they can be kept under control until the wound heals. I bind the pulverized acetate of lead upon the sore, and allow it to remain twenty-four hours, then renew and continue until the granulations are cut down even with the edges of the wound. I then use a solution not quite so strong, to keep them under control.

Salineville, Ohio. J. A. Sapp, M. D.

Uterine Hemorrhage—Trillium pendulum.—About ten years since I was called to see Mrs. F., aged about 40, who was flowing freely, with an immediate prospect of abortion. I left *Trillium pend.*, with directions to take five drops every hour. I saw the woman again in four days and learned that the medicine had controlled the flowing the first day; but she had some times taken as high as twenty drops at a dose, and on the third day the foetus passed off while she was at the wash tub, without blood and not having flowed any for two days previously. Necessity kept the woman on her feet and natural strength helped her through. Since then *Trillium* has been relied upon principally for hemorrhage from the womb.

Continued Hemorrhage—Nux moschus.—In July 1893, was called to see Mrs. R. R., aged 36, who was suffering from chills and fever, with indications of abortion. *Trillium* was left to control hemorrhage. The foetus passed off when I was not present, with clots and with much pain and suffering. The placenta came away at times. The case made a slow recovery, a copious hemorrhage continuing for nearly two months, in which time I had sent her *Trillium*, *Hamamelis vir.*, *secale cor.* and *Sabina*, all to no effect. When she appeared at my office in October I found I must find the remedy or be out a case. But it was found. *Nux moschata* gave a true picture of the case and promptly put the bloom of health on the woman's face. This case was one of "*purely nervous character.*" I shall not forget *Nux moschata.** It is one of the most reliable remedies in bloody dysentery.

I want to encourage the department of practice of medicine in The Century, and with this intent will report cases from time to time.

Hesperia, Mich. Wm. C. Wells, M. D.

The Colon Douche.—I have read the articles on bowel troubles reported in The Century with much interest. Experience for the last four years leads me to corroborate all that is said in favor of hot water colon flushings. Not only in diarrhea have they proven of invaluable service, but in dysentery as well. I commence treatment by colon douching, in order to rid the bowels of all fecal matter and corroding secretions, and after each evacuation an injection of hot flaxseed and slippery-elm tea is used, the patient being directed to retain it as long as possible.

Especially have hot-water flushings been followed by good results in typhoid fever, beginning the treatment by washing the inside of the patient as well as the outside, rendering him as aseptic as possible, dislodging any hardened fecal matter, relieving pressure from the inflamed sensitive glands, reducing temperature and aiding in bringing the patient quickly and safely through a course of typhoid fever, if not aborting it.

Brooklyn, New York. E. H. Muncie, M. D.

Mastitis—Bandaging.—Under the above heading Dr. Freeman recommends bandaging as a prophylactic of mastitis. The case he cites, however, is not conclusive, as it was in a woman who did not nurse her baby, if I understand him right. It is the mothers who nurse their babies that give us trouble, if my experience is worth anything. In a twenty years' practice, six of which I attended a lying-in hospital, where the patients seldom nurse their infants, I do not remember to have had a single case of broken breast in a non-nursing woman. The breasts would fill up the third day or so, and go down again in a

* [I would have thoroughly curretted the uterus in this last case.—Editor.]

day or two, of their own accord, without any bandaging or other treatment. I wish I could say that I had been as fortunate in the other cases.

MILWAUKEE, Wis. JOS. LEWIS, JR., M. D.

Surgery.

A RARE CASE OF CEREBELLAR ABSCESS.

BY GEORGE H. MARTIN, M. D., SAN FRANCISCO.

PROFESSOR OF MENTAL AND NERVOUS DISEASES, HAHNEMANN HOSPITAL COLLEGE OF SAN FRANCISCO.

On April 12, 1894, one of the students of the senior class of the Hahnemann Hospital College of San Francisco was called to see Willie F., four and a half years of age, who had been ill for several days with some ear trouble. Upon arriving at the house the student found the little patient suffering with severe pain in the right ear; there was considerable fever, though the temperature was not taken at that time; pulse was 184°, and the little one was quite restless. *Belladonna* was prescribed.

When next seen, about six hours later, the temperature was 101° and the pulse 120°; the pain was apparently less and the patient was much easier. For two or three days the temperature was slightly raised and there was some tendency to spasm, but no marked convulsion occurred.

On April 19th, after two days of normal temperature and freedom from pain in the ear, there was a sudden exacerbation of the condition; temperature, 107°, and the patient comatose. Upon a careful examination about the ear, there was a marked boggy feeling over the right mastoid, with considerable swelling of the tissues.

Dr. E. R. Bryant, Associate Professor of Surgery at the Hahnemann Hospital College, was called in the next morning, and concluded, after examination, to make an incision down to the mastoid to relieve the pus which was evidently there. Considerable pus was evacuated, which came mainly from a channel extending down the neck for about three inches, just anterior to the sterno-cleido-mastoid muscle. A slight upward pressure over that part of the neck would cause the pus to flow readily from the wound. Within a few hours after the operation the temperature began to fall and the boy made an apparently good recovery in about ten days.

On May 4th Dr. Bryant again went to see the case, as there were peculiar looking granulations filling the space over the mastoid, made by the incision, which did not allow the wound to heal. These granulations were very redundant, and of a purplish-red hue. They were cut down and cauterized. From this time on the patient gained rapidly in strength, until in two weeks' time he seemed to be perfectly well, playing about the yard with his brothers and sisters, in high spirits.

On May 29th, the granulations still persisting, according to the report of the student attending the case, Dr. Bryant requested the patient to be brought to the college that he might be able to determine the condition of affairs, as he was not able to go to the patient, who lived some distance from the college. There were present the same redundant granulations which the doctor had seen upon his former visit. Thinking that there might possibly be some disease of the bone, he thought that he would examine more carefully to determine if such was the case. Happening to have a very small blunt uterine curette in his hand, he pushed aside the supposed granular mass, and gently passed the instrument down toward the bone, when suddenly, by its own weight, it passed into the cranial cavity for a distance of about three inches, a little forward and at a downward angle of about 22½° from the opening. Not knowing exactly what might be the condition within the skull, he withdrew his instrument and gave his attention to the boy, to determine what effect this procedure had had upon him. There were no apparent ill results, as the boy did not seem to notice what had been done.

As there had not been manifested at any time any organic brain symptoms, it was not thought that there was any such condition present at this time. The first thought was that an abscess had extended from the mastoid into the cranial cavity, denuding that portion of the skull of its periosteum; thus forming a pus channel of considerable extent.

No symptoms of meningitis had been present except the few hours of high fever and comatose condition, which was present six weeks before, at the time the mastoid abscess was relieved. As there was still some pus coming from this cavity it was thought best to thoroughly cleanse it with a bichloride solution and pack it lightly with iodoform gauze. This was done as gently as possible, and a compress of the same material placed over the side of the head and bound on with an ordinary bandage.

The patient was allowed to remain lying upon the table for about fifteen minutes after the wound had been dressed, when, without warning, he suddenly became unconscious, and began gasping for breath. At once the bandages were removed, the gauze taken out of the cavity, and efforts made to bring him back to consciousness. After two or three hours of constant work it was concluded that the case was a hopeless one and that the end was not far off. Hypodermics of brandy and other remedies were used, but without avail, and the boy died, six hours after the probing of the abscess. Just before the end came, there was a slight general spasm, but it soon passed away, and the patient quietly breathed his last.

The father of the child was present from the first to the last, and witnessed everything that was done. When it was found that the boy could not recover, his mother was sent for, but she arrived a few minutes after his death.

Dr. Bryant telephoned me about an hour before the boy's death, but I did not arrive until half an hour after his death. I at once obtained the parents' consent to make a post-mortem examination. As soon as everything could be arranged the boy was taken into the post-mortem room of the college and the autopsy was made by Dr. Bryant and myself, in the presence of about a dozen students of the college.

By a careful examination of the external wound, just above the posterior to the mastoid process, there was found an opening through the bone into the cavity of the skull large enough to insert the end of my little finger; oval in shape, with its longest diameter about half an inch. The skull-cap was removed, and the brain carefully lifted from its bed. The opening through the skull was found to be just posterior and inferior to the angle of the lateral sinus, just below the attachment of the tentorium cere-

belli to the bone. An opening was found penetrating to the membranes of the brain, opposite the opening through the skull, and what had seemed to be redundant granulations around the opening outside of the skull, were now found to be degenerated brain tissue.

Upon removing the membranes covering the cerebellum there was found a mass of disintegrated brain tissue at the outer extremity of the right lateral hemisphere, which was only held in position by the dura mater.

Upon a careful inspection, after this softened tissue was removed, it was found that about one-third of the outer portion of the right lateral hemisphere was completely disintegrated. There was also found a cavity extending from the outer extremity of the hemisphere and on its upper surface into the vermiform process. The direction of this channel was from a point at the external postero-lateral border of the anterior lobe, to the incisura-cerebelli-anterior. It was about three-quarters of an inch in width and one and a half inches in length, extending down from the upper surface of the cerebellum to the depth of half an inch, involving part of the right, middle cerebellar peduncle. About one-third of the anterior lobe was involved in the destructive process which burrowed out this channel. The upper wall of the cavity was formed by the tentorium cerebelli.

Now as to the cause of the formation of this cavity. Upon questioning the mother, it was found that the boy had had a chronic discharge from the right ear, more or less constant, for two years. There was also a history of frequent attacks of earache, accompanied by fever and delirium, which would pass away after a profuse discharge of pus.

The envolvement of the mastoid cells in middle-ear trouble is a very common occurrence, and in this case the inflammatory process having been set up in these cells, extended through the mastoid foramen to the membranes protecting the cerebellum, penetrated them and set up a suppurative inflammation of the cerebellar substance itself, burrowing out the channel which I have described, and destroying the brain tissue of the outer extremity of the hemisphere.

We know that extensive destruction of cerebellar tissue may take place without producing any marked symptoms during life, and we also know that the middle cerebellar peduncles may be involved without giving any special signs, while if the superior or inferior peduncular fibres are affected cerebellar symptoms are manifested. It is not usual, however, for the vermiform process to be involved to any extent without some manifestations of the condition.

In this case quite a portion of the inferior vermiform process was destroyed, about midway in its antero-posterior direction, extending from its outer border to the median line, just over the roof of the fourth ventricle, and probably extending into it.

It will be remembered that the instrument which Dr. Bryant used passed through the opening of the skull into the cranial cavity, downward, at an angle of about twenty-two and one-half degrees, and a little forward.

According to that direction it must have passed through the disintegrated mass of cerebellar tissue, at the outer third of the lateral hemisphere, in the direction of the foramen magnum, but did not go into the abscess channel, situated in the upper surface of the cerebellum and extending to the vermiform process, as the direction of this cavity was slightly upward and forward from the opening in the skull. This is an important point when considered in relation to the cause of the boy's death.

It has been said by some that it was the probing of the cavity that produced death, but this could not possibly be for the reason just mentioned. The cause of death was evidently pressure upon the vagus, situated in the floor of the fourth ventricle. It is very common in cases of cerebellar abscess for death to occur suddenly and without apparent reason, until the autopsy is held and the facts of the case made clear.

This case is of interest because it is one more instance of the fact that a large portion of the cerebellar tissue may be destroyed without manifesting symptoms. It is also of interest because it shows what may sometimes occur as the result of mastoid disease. It is not as frequent for the cerebellum to be involved in middle-ear troubles as it is for the cerebrum, as the progress of the inflammation is usually upward through the thin layer of bone in the petrous portion of the temporal bone which separates the tympanum from the cranial cavity.

It is also interesting from a medico-legal standpoint, as it brings up the question as to whether the boy's death was due to the operative measures used or whether it was simply coincident with those measures.

That death must have been the inevitable result, sooner or later, is evident from the amount of destruction which had taken place; but how soon it would have occurred if those measures had not been adopted at this time no one can say.

The treatment of the case was according to the best surgical authority in the treatment of abscess; that is, to cleanse the cavity with a bichloride solution and prevent the ingress of septic material by protecting the opening properly.

As there were no symptoms to lead one to believe that there was much involvement of the cerebellum in the destructive process that fact could not possibly have been determined at the time.

TREATMENT OF COLD ABSCESSES BY INJECTIONS OF THE ETHERIAL SOLUTION OF IODOFORM.

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Six years ago at the semi-annual meeting of the New York society, held at Syracuse, I read a paper on the above subject, giving a detailed report of the treatment in eighteen cases.* Many of these cases recovered, some were improved, and some showed no improvement.

Since then I have treated many cold abscesses by this method, but the conclusions arrived at, after six years' further trial, are essentially different from those expressed in the paper at that time. The method is so at variance with that taught by many orthopedists that I venture to call attention to it again.

Perhaps it may be well to consider for a moment

*Published with later notes in the *North American Journal of Homeopathy*, November, 1888.

what the so-called "Cold Abscess" is. By the general term abscess we understand "a circumscribed collection of pus;" but to have pus we must have the presence of pyogenic bacteria, and we have active local or systematic disturbance in proportion to the area involved or the activity of the infecting agent.

The symptoms of acute abscess are all well known to us as the chill, fever and sweats, general malaise and the local swelling, redness, pain, etc., with a usually more or less rapid pointing and opening of the abscess.

On the other hand, in the cold, or, as it had better be called, the tubercular abscess, about the only symptoms are those of the diseased condition giving rise to the abscess, such as some form of joint or bone disease. There may be little constitutional disturbance and locally only a soft, fluctuating swelling, which may exist for a long time, increasing almost imperceptibly, or, at the most, very slowly. The reason of this is that the cold abscess has not been infected by pus microbes, and consequently its contents are not true pus, although it may closely resemble it. If left alone it usually opens on the surface, its coverings being gradually thinned and eroded through.

Instead of true pus we have a cavity containing the debris of tuberculous disease. These products consist of a thin fluid and frequently flocculent, cheesy masses of varying size. So long as the contents of this cavity are not infected with pyogenic bacteria the condition may remain indefinitely as described, but if infection does occur true pus is generated and all the symptoms of acute abscess present themselves.

If a cold abscess opens spontaneously, or is opened by the surgeon, exposure to the air is certain, and infection is almost sure to occur, unless extraordinary antiseptic precautions are observed. This shows that the opening of the abscess with the knife, as is often done, is not only useless, but may be most harmful to the patient. If simple evacuation of the fluid is desired, aspiration with the aseptic needle is far safer, although it is only a temporary expedient, and not curative.

In the treatment of these cold abscesses, as I shall continue to call them for convenience, three methods are advised by modern orthopedists. *First.* The conservative method advocated by Dr. A. B. Judson* and others, which consists simply of leaving it alone, letting it dry up of its own accord, if it will, or allowing it to open spontaneously. Judson seems to make little or care little for a nasty discharging sinus, no matter how disagreeable it may be to the patient and friends, or how badly it smells. He goes on with the hopeful idea that after a while, by the use of mechanical appliances, and, perhaps, internal remedies, the patient will get well. We admit that many cases terminate in this way, but it is after a prolonged period, and with more or less destruction of the joint, shortening of the limb and anchylosis. On the other hand many of these cases die from exhaustion. Even Bradford and Lovell† incline to this view, although in cases where the pus is not completely evacuated by spontaneous opening they advocate the thorough opening and curetting of cavity and sinuses with the hope of being able to clear out the entire diseased portion and get rapid healing.

**New York Medical Journal*, March 2, 1889.
†Orthopedic Surgery, Bradford & Lovell, pp. 323, 324.

The radical method, as especially advocated by Phelps, is to make extensive incisions and scrape out all the cavity and sinuses, then putting in large drainage tubes, close the cavity as much as possible and try to get healing by first intention.

Young,‡ in speaking of abscesses forming in the cases of tuberculous sacro-iliac disease, says: "When abscesses form, they should be freely opened and thoroughly drained, and any sequestra found should be removed and the walls thoroughly curetted, the object being to remove, if possible, all tuberculous matter. Drainage is best effected with iodoform gauze and full antiseptic precautions." It strikes me that if anything of the above sort is to be done it must amount to a complete excision and include all the diseased bone.

The third and best method for cold abscesses which have not opened is, in my opinion, the treatment by injection of a solution containing iodoform, either in solution or suspension. Of these I prefer the etherial solution. The reasons are: *First.* Only a puncture is made through the skin. This is made aseptically, heals up immediately and does not allow of infection. *Second.* Iodoform is placed in the cavity in such manner that the drug exerts its action directly on the lining of the cavity. The ether soon evaporates, leaving the iodoform in its pure state, which cannot so well occur when the emulsions with oil or glycerine are used. *Third.* The injections may be begun as early as the abscess presents itself and there is no radical operation requiring a prolonged stay in bed or necessitating complicated dressings. (Even before the abscess is apparent, iodoform in oil may be injected into the capsule of a tuberculous joint, or into the tissues about the joint.) *Fourth.* While all cases are not cured, the majority are, and much more quickly than by the use of the brace alone.

Iodoform exerts a specific action upon tuberculous tissue, and many experiments have been made to determine its exact method of action; but exactly what this is has not been quite determined. Of its effects Senn*, in reviewing the results of the researches of Troje and Tangl, says: "Their investigations have led them to the practical conclusion that iodoform is a true disinfecting agent as far as the tubercle bacillus is concerned; that it has a direct destructive effect upon the bacillus if left sufficiently long in contact." Further reviewing the clinical results observed by Bruns and Nauwerk †: "They incised tubercular abscesses treated by iodoform injections at different intervals after the injection and extirpated pieces of the abscess wall for microscopical examination. A few weeks after injection they found that the tubercle bacilli had disappeared, the miliary tubercles softened by infiltration with round cells and edematous inhibition of a serous fluid. Further on the tubercles disappeared by fatty degeneration of the cells and liquefaction of the cellular detritus. Hand in hand with the degeneration and liquefaction of the tubercular product could be witnessed in the adjacent tissues a process of repair, in the shape of a wall of granulation tissue, which formed a line of demarkation between the healthy and diseased tissue, which consumed in part the dead sterile tubercular tissue and detached the balance. As soon as the dead tissue

‡Orthopedic Surgery—Young, p. 62.
* Senn on Tuberculosis of Bones and Joints, p. 249.
† Idem, pp. 264-265.

was disposed of by absorption, the granulations began to cicatrize and were gradually converted into connective tissue, and with this change the process of the healing was completed. Krause made similar examinations and corroborates the observations made by Bruns and Nauwerk. That the curative effect of iodoform in the treatment of tubercular joints and abscesses is not owing to the mere puncture and evacuation, but is brought about by the specific action of iodoform on the tubercular products, there can be no doubt, as tapping for these conditions was employed long before iodoform was used in surgery; but this procedure seldom yielded more than temporary relief."

In conclusion Senn* says: "Of all substances now employed in this method of treatment iodoform has yielded the best results. The curative effect of iodoform in the treatment of local tuberculosis is due to its anti-bacillary effect and its stimulating action on the healthy tissue adjacent to the tubercular product."

It is not necessary to quote authorities further, for the literature of the subject is far too extensive. The question now arises: Which is the best method of getting the iodoform in contact with the diseased tissue?

Many writers object to the use of the etherial solution from fear of danger. I believe that the bad results which have come from the etherial solution have come from an improper method of administration, probably leaving the ether in the cavity and giving no vent. Senn‡ states the accidents which have occurred, and other authors have evidently formed opinions from reading his writings, though without actual experience, as for instance:† "The etherial solution should never be used, as it is liable to cause necrosis of the over-lying tissue and iodoform intoxication."

I am not particularly strenuous regarding the exact way in which the iodoform is conveyed into the cavity of the abscess, provided it gets there and does its work. But in all the cases in which I have used this injection I have never yet had a bad result. I have used it in all sorts of places, as in hip-joint abscesses, cervical abscesses, abscesses from "Potts' disease," which have pointed in various parts of the body. One of them had sinuses in both groins, and the solution could be injected into one groin, and would come out the other, the sinus passing down back of the peritoneum and probably behind both psoas muscles. In another case the abscess had opened spontaneously into the rectum. The sphincter was dilated, a catheter passed up into the sinus and the cavity injected several times, with excellent result. In the place of ether, Billroth used glycerine to hold the iodoform in suspension. Olive oil gives better results and is preferred by most surgeons. But it must be remembered that glycerine and olive oil only hold the powdered iodoform in *suspension*, while ether holds it in *solution*. Any one who has dissolved iodoform in ether knows how rapidly the ether evaporates, leaving a perfect coating of iodoform on the surface of everything it has touched.

In order to keep the iodoform in the abscess cavity the oil or glycerine must remain with it. If the etherial solution is used, the ether vaporizes and evaporates rapidly, leaving the pure iodoform in contact with every part of the cavity. This seems to me a more perfect and thorough method of application than the other, and to avoid any danger from over-distension of the cavity, the ether vapor is allowed to escape through the canula.

With the iodoform and oil injection the cavity is first drained of its contents and then washed out with a 4 per cent solution of boracic acid, all the flocculent masses are removed, even if the opening has to be enlarged. Then a 10 per cent emulsion of iodoform in sterilized olive oil is injected, but not more than one-half drachm of iodoform injected at one time.* The opening sealed with a pledget of antiseptic cotton and iodoform collodion. This process may be repeated as often as every two weeks until the case is cured.

Where I use the etherial solution I only draw off as much of the tuberculous fluid as I can get to flow through the canula. If large flocculent masses remain I do not disturb them. The solution seems to possess a disintegrating effect on them and they probably come away in solution at the second tapping.

As the method of procedure is now much the same as six years ago I venture to repeat the description given then: †"The parts are thoroughly scrubbed with German green soap and warm water and afterwards rinsed off with corrosive sublimate solution 1-2000. The aspirator has been previously prepared by allowing a stream of 1-2000 corrosive sublimate solution to run through it and also keeping it for a short time in the solution. (The needle should be made aseptic by passing it through the flame of an alcohol lamp.) The air is exhausted from the receiver and a medium-sized needle attached. This is plunged into the cavity and as much pus as possible drawn off. Frequently the pus is flocculent and will not run, and in such a case it is allowed to remain. Now as much of the saturated solution of iodoform in sulphuric ether as the cavity will hold is injected through the aspirating needle, from which the rest of the instrument has been detached. This must be done very slowly, as the ether boils at the temperature of the body, and on account of the expansion of the vapor some injury might be done if proper precautions were not taken. Lately I have introduced another and smaller needle near the first. This gives a vent and acts as a safety valve. As much ether should be allowed to escape as possible, and its escape may be aided by gentle pressure over the sac.

"Often the pus which could not be drawn out by suction is forced out by the ether vapor. The amount injected varies; generally I have used from two to four ounces. When it has been done sufficiently and the pressure sufficiently relieved, the skin about the needles is cleansed, the needles rapidly withdrawn and the small orifices quickly sealed up with pieces of rubber adhesive plaster. If at any time the tension becomes too great, so that it causes much pain, the small needle should be inserted and the accumulated vapor allowed to escape. I have always etherized patients when injecting cold abscess cavities. The operation itself would be very painful without an anesthetic. After the operation the cavity becomes greatly distended, but after a

*Transactions Am. Orthop. Assn., 1893, Vol. VI. Article of J. D. Griffith, p. 43.

‡Tuberculosis of Bones and Joints, pp. 262, 263.

†Dr J. D. Griffith, Trans. Am. Orthop. Assn., Vol. VI., p. 43, 1893.

*Senn: Tuberculosis of Bones and Joints, p. 258.

†*North America.. Journal of Homeopathy*, 1888, pp. 712, 713.

few days the hardness begins to lessen, and gradually the tumor shrinks away.

"I think it is a mistake to make an opening with the knife, in order to get rid of the flocculent pus.

"In one case, when I did this and then sewed it up, it reopened in a few days at this point, and the progress of this case was much slower than with the others.

"Where the abscess has already pointed and broken, of course, the aspirator is not used. The nozzle of the syringe is introduced directly into the sinus, and the fluid injected and retained as long as the patient is able to stand the tension—for in these cases, as a rule, an anesthetic is not necessary. After the injection a close antiseptic dressing is applied and allowed to remain in place as long as the discharge does not come through.

"In cases where there is a very deep cavity left after the spontaneous or artificial opening of an abscess, as in psoas abscesses, a medium-sized English webbing-catheter is introduced down deep into the cavity, and the injection made through that. Sometimes the catheter can be inserted to the depth of eight or ten inches, and the solution comes into contact with every portion of the abscess-wall. As a rule, the immediate result has been to diminish the amount of discharge, while, coincident with this, there is a general improvement of all the symptoms."

In closing this article I wish to note the following conclusions:

Simple "lancing" of a cold abscess, without antiseptic precautions and after-treatment, is useless, unscientific and dangerous.

The tapping and iodoformization should *always* be tried before more radical measures are attempted.

This procedure can be successful in cases where the diseased focus is inaccessible to the knife or curette.

If an operative measure is required let it be a thorough one—accomplishing a complete excision of the diseased portion.

Cases in which the abscesses have not opened are much more amenable to treatment than those which have sinuses leading down to them, although in many of the latter cases good results may be obtained.

The results which have been obtained are unquestionably good and a large proportion of cases of tuberculous bone and joint diseases in the third stage may be cured by the tapping and iodoformization.

THE AMERICAN OPERATION FOR HEMORRHOIDS.

By W. E. GREEN, M. D., Little Rock, Ark.

EX-PRESIDENT SOUTHERN HOMEOPATHIC MEDICAL ASSOCIATION, MEMBER AMERICAN INSTITUTE OF HOMEOPATHY, EX-PRESIDENT AMERICAN ASSOCIATION OF ORIFICIAL SURGEONS.

If there is one operation of modern origin that deserves more than any other to have an established status it is that known as the American Operation. It has been performed by hundreds of physicians, in the aggregate thousands of times, and it has been written upon by innumerable authors, whose articles have been published in all the important journals of our school. It certainly seems that by now the profession should be in possession of every fact known about it, either for good or bad; yet we are forced to believe that such is not the case. While there have been occasional whisperings that all was not well, and that many accidents, failures and disasters have been met with, there are but few who have been outspoken upon the subject. The attention of the entire profession appears to have been more largely directed to the curative results that have followed its performance than to any of its shortcomings. In fact, if we are to judge only by what we read upon the subject, we are led to believe that it is an operation without fault or failure, when the truth is that, like every other important operation, it has its drawbacks, and they are many and varied.

An enumeration of some of the most important may not be amiss: One of the most frequent and disastrous consequents is loss of functional power or the sphincter muscles, entailing incontinence of fæces. This is caused by over-dilatation, rupture, or severing of the muscle, stricture and atony of old age; and it is an accident truly to be deplored. Imagine a sensitive, refined woman with a constant leakage at the anal orifice. One can not conceive a more distressing mutilation to inflict upon a person than this. During the past year I have had three or four letters of inquiry from patients so afflicted, and know, in my vicinity, of several others. At one time in another town I met in one boarding-house three women who had been maimed in this way. Stricture, eversion of the mucous membrane, ulceration and erosions of the gut also belong to the category. Considering these facts the question arises: Is it a justifiable operation? In ordinary cases I do not think it is, but in severe hemorrhoids and conditions where the anal outlet is extensively diseased, entailing serious reflex lesions, it is the only successful method. These cases are often desperate in character, have resisted every form of treatment, therefore risks that promise so much are justifiable. The operation is, in limitation, a legitimate one, and it has come to stay. In a vast majority of cases the cause of failure lies not in the operation, for it is brilliant in conception and classic in design, but in the operator and his methods. Judgment, care, skill and experience can eliminate almost every element of defect. Orificial surgery, by its glittering promise and magical achievements, has developed an army of operators, many of whom do not possess either the qualifications or training necessary to the performance of successful surgery. This and the recklessness or inexperience of others is accountable for many of the grievances.

Two years ago I reported a series of twenty-seven cases of excision, with results. Since that time I have done the American fifty-two times. Almost every case has been carefully noted and kept under observation until now. Therefore I feel justifiable in offering them here as evidence in this important trial. It is well known that, owing to the many complications that are manifest in chronic diseases, it is impossible to adhere to a nosological diagnosis in every patient. And it must be further understood that in these operations the American was not alone done. Every form of orificial surgery, to suit the demands of individual cases, was associated with it.

The following table will serve to illustrate, in a concise way, the nature of the diseases or conditions for which the operation was performed and the results obtained:

	Total.	Recov.	Benefited.	Not Benefited.
Chronic Rheumatism	2	1	1	..
Chronic Indigestion and Constipation	6	5	..	1
Incipient Pulmonary Phthisis	1	1	..	..
Despondency, Indigestion and Constipation	5	5	..	..
Severe Melancholia, Indigestion and Constipation	2	2	..	..
Chronic Diarrhea	2	1	1	..
Chronic Cardiac Weakness	1	..	1	..
Chronic Gastric Catarrh	2	..	1	1
Chronic Hepatitis	2	2	..	..
Nervous Prostration (neurasthenia)	1	1	..	..
General Impairment of Health	6	5	1	..
Chronic Headache, Indigestion and Constipation	3	1	..	2
Chronic Eczema Ani	2	2	..	..
Cardiac Dilatation	1	..	1	..
Progressive Anemia	2	2	..	..
Insomnia, Despondency and Headache	2	1	1	..
Chronic Dysentery	2	2	..	..
Neuralgia of Stomach	1	1	..	..
Vesiculitis Seminalis	1	..	1	..
Headache, Backache and General Nervousness	3	3	..	..
Locomotor Ataxia	1	..	..	1
Numbness of Lower Limbs	1	..	1	..
Despondency, Vesical and Urethral Irritation	1	1	..	..
Numbness in Lower Limbs and Impotence	1	..	1	..
Chronic Menorrhagia	*1	..	..	..
	52	36	10	5

*Result unknown.

The complications that followed the operation were numerous, and some of them required much care and attention in their management. Of the fifty-two cases, twenty-five united by first intention, but seven of these were followed by stricture; one of these required a secondary operation under an anesthetic. The stricture was incised with a scalpel in several places, divulsed with the bivalve, and the patulency of the opening was maintained by the use of the bivalve every other day, until all tendency to contraction ceased. (All secondary operations for stricture were managed in this way.) Three of the others were treated by gradual dilatation with the soft rubber bougie, and three were dilated by the patients themselves, by the daily introduction into the bowel of two or three fingers. Four cases recovered by partial union, all of which were strictured; one of these was treated by secondary operation, two by gradual dilatation with bougies, and one with the fingers. Six cases failed to unite and recovery by granulation, with resultant stricture. All were treated by secondary operation. Five had eversion of the mucous membrane or ectropion ani. In two, the everted mucous membrane was cut away, well within the anal orifice, and a flap of skin dissected up from the nates and slipped up and united to the mucous membrane. In the other four the mucous membrane was cut away and the raw surface allowed to fill in by granulation; the tendency to contraction prevented by the use of the soft-rubber bougie. Four patients sustained a rupture of the muscle in its posterior aspect from dilatation; it was united by buried cat-gut sutures and the operation completed as usual. One patient suffered an injury of the sphincters while dissecting away the hemorrhoids; temporary incontinence followed, but the ultimate recovery of functional action was very good. One, a year after having been operated upon, reported incontinence due to stricture, which could have been remedied, but the patient declined to place himself again under treatment. One lost total control of the bowel, owing to a rupture of the muscles in dilating; suppuration followed and union did not take place. He was so much benefited from the operation that he did not complain of this. I intended doing a secondary operation and unite the severed ends of the muscle, but he died three months after, from apoplexy. One suffered from loss of power, due to an atonic condition of the muscle. The muscle had previously lost its contractile power and was inactive before the operation, caused, I think, by the long presence of very large hemorrhoids. Elderly patients, who suffer from an atonic condition of the sphincter, are not proper subjects for the American operation, the hemorrhoids should be removed by some other method. The one I have adopted is to cut the tumor away, down to the muscle, by an elliptical incision, and close the wound by two or three fine cat-gut sutures. One of the most disagreeable consequences entailed by the operation (American), is the inability to control the gases, and in some cases any watery accumulations. This is owing to the change that the operation produces in the anatomical structures of the intra-sphincteral region. The rectal mucous membrane there, is gathered in a series of perpendicular ridges, the columnæ recti or columns of Morgagni; running transversely to these, one-third of an inch within the anal orifice, is a row of folds, extending from column to column, that arch upward, forming a valve-like projection which evidently have a physiological function. These folds can be smoothed out with the blunt hook. In operating for pockets, the hook often catches in them, and I have seen them cut away under the mistaken impression that it had engaged in a pocket. These folds act much as do the valves of the heart or veins. When the sphincters are closed they rest against the opposing walls and prevent the escape of gases or fluids, in the same manner those in the veins prevent a reflux of blood. When the muscles are dilated in a passage, they are put upon the stretch, thrown back out of the way and offer no resistance.

One of the most aggravating complications that may arise is eversion, or turning out of the mucous membrane. The irritation set up by this accident is hardly equaled by the original trouble. It is caused by excising too much of the skin, so that the mucous membrane cannot contract within the anal orifice. To prevent this, many circumstances must be taken into consideration. The age of the patient, his or her condition of fleshiness, the tonicity or flabbiness of skin, the redundancy of tissue and the formation of the anal region. Only experience can teach one just how to make the excision in every case. The dissections should only be carried down to the point at which we desire to make the excision, as long flaps are not desirable. If drawn too far within the gut they are liable not to unite, turn out, and in healing leave an ugly, uneven condition. Thin flaps, that are wanting in vascularity, are also liable to non-union. It requires nice judgment, indeed, to always get the skin flaps exactly right; I know of no other operation in which expe-

rience counts for more. After excision has been made, the gut should be grasped with the forceps, drawn down and dissected from its attachments for at least half an inch upwards, to give greater surface for adhesion.

Another question of importance is the suturing. The interrupted suture is preferable to the continuous; it brings the parts up more accurately, is less liable to pucker or invert the edges and generally gives better results. After the operation, the rectum should be thoroughly dried, so there will be no subsequent oozing, the wound dusted with iodoform, a large, cone-like pad of aseptic gauze placed against the anus, and sustained in position by a bandage, that gives firm pressure. This prevents bleeding, extravisation and swelling, and favors healing. It should not be changed as long as the parts remain dry, though, after twenty-four hours, the bandage may be somewhat loosened. Whenever moisture appears, the parts should be douched, dried and redressed. Nothing but liquid food should be given, and under no consideration should milk be allowed until after the bowels are moved; this should be by both physic and enema, at the expiration of the sixth day after the stitches have been absorbed.

Owing to the many complications that may follow I never do the American operation when a less formidable one will answer. When one undertakes it, his mind is never at ease until the patient is discharged cured, for the after-treatment is often tedious and annoying, yet we must concede that, if properly managed, ultimate recovery will follow in almost every case.

Pedology.

SCARLET FEVER.

By WILLIAM H. HANCHETT, M. D., Omaha, Neb.
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It is a kind provision of nature that the tendency of all acute diseases is toward recovery. But while nature usually is benign, and assists in recovery, she sometimes seemingly assumes a malevolent spirit, and the disease which in most instances seems to be only a mild disturbance in the system, assumes a malignant form, without an apparent cause —the zephyr becomes a tornado.

Among the long list of diseases peculiar to childhood, scarlet fever is one which often varies from its mild form and tendency to recovery, assuming a malignant character, and seems to come in epidemic form, certain periods being marked by the virulence of the disease.

Perhaps in all the long catalogue of ills to which children are exposed this disease is most to be dreaded; and if, in running the gauntlet of diseases, the child may escape scarlet fever, both parent and child are to be congratulated. Asylums are everywhere filled with its dire results. No doubt, if accurate statistics could be obtained, we would be surprised at the large percentage of children who are left deaf, blind and dumb as a sequel of this fever. The sequelae are so numerous, long-lasting, deep-seated and attended with so grave consequence, that we do all in our power to prevent the disease, which may blight a whole life, if not cause an untimely death; for it is a well-known fact that although the case may seemingly run a mild course, there are many dire results in the sequelae that appear. No wonder, then, that we view scarlet fever with apprehension. However, it is fortunate, as above stated, that the acute disease of scarlet fever usually runs a quick and quiet course. It is not highly contagious, when compared with measles and other epidemic diseases peculiar to youth. In truth, we often see one member of a family attacked and others escape. If reasonable precaution is taken and the affected child is isolated, there is slight danger of contagion. However, the peculiar germ of this disease seems to possess great tenacity and vigor, many times retaining this peculiar power of contagion for weeks or even months. The incubative period of the disease may be brief or of several days' duration, largely depending upon the susceptibility of the exposed, and possibly upon the virulence of the germ. In the ordinary mild form of scarlet fever, little danger is apprehended, the patient running through a course of incubation, erruption and desquamation in from two to four weeks. With due caution, good treatment, nursing and hygienic measures, no sequelae appear.

In this paper I have not undertaken to be technical, nor to go deeply into what is called the germ theory, nor to discuss the symptoms so familiar to all, but rather to refer to a more malignant type of the disease, its complications management and treatment.

This much, however, I may venture to say: No doubt the disease has some active, specific principle, peculiar to itself, and that this peculiar principle, or germ, may be conveyed from one person to another by the atmosphere or by contact, and that, when so conveyed, may excite this same morbid train of symptoms in the person exposed. The conscensus of opinion to-day undoubtedly is unanimous in adopting the theory of contagion. All recent investigation has been to direct attention to this certain low form of germ-life, called bacteria, as the probable specific cause of the disease. Those who, years ago, stoutly denied the germ theory have had to mend their ideas under the light of scientific investigation. Fortunately, as above stated, a large portion of the exposed are not susceptible to the germ of this disease, and more fortunate still, as above stated, is the fact that in a majority of epidemics the disease assumes a benign form. Our school has won bright laurels in the treatment of scarlet fever, and we venture the assertion that few children who have been so fortunate as to have Homeopathic treatment, during this disease, have been left subjects for the asylums of the deaf and dumb. It must be remembered, however, that when disease assumes a malignant type, all of the symptoms become intensified. During the period of invasion the very earliest symptoms indicate grave constitutional disturbance. At these times the nervous phenomena are terribly intensified. The patient becomes apathetic, almost to complete coma, in many instances showing profound depression of the nerve centers; or the other extreme may be present, with the greatest restlessness, hot and dry skin, great thirst, temperature high, throat red and inflamed with pseudo-membrane on one or both sides. The face becomes swollen and distorted, the eyes injected and red, nausea most intense and a persistent diarrhea. These symptoms may be present before the rash makes its tardy appearance. When the rash does appear it is dusky or of a dark bluish-

red, and does not fade on pressure, as in the milder forms. In this malignant form we frequently see ecchymosis, sometimes in quite large spots. It is not uncommon to see the temperature in these conditions range from 106° to 107° F., or possibly higher. At this stage, when we have the diphtheritic symptoms, it probably is only from a scarlatina poison, peculiar to its own germ and differing from the specific nature of the diphtheritic poison. Many have claimed the pseudo-membrane of diphtheria and scarlet fever to be identical; but this is somewhat doubtful. The pseudo-membrane of scarlet fever undoubtedly is caused by the intense inflammation of the affected tissues, causing disintegration and plastic deposit.

Again we do not see the profound affection of the throat, afterward in the paralysis of its muscles, that so commonly follows true diphtheria. However, there is no positive proof that we may not have the true diphtheria in conjunction with scarlet fever. It may not be impossible, or even improbable, that two acute diseases may co-exist and run their courses together. It is rather probable, however, that this does not frequently occur, and that what we term a diphtheritic deposit is only caused by the inflammatory condition above described. Often during this form of scarlet fever we may find the same fetid breath and sordes on the teeth that we have in a typhoid condition. This type is most malignant and gives little time for treatment.

Nephritis is one of the most common complications which follow this form of scarlet fever, and in my own practice has caused me much anxiety. The onset of this insidious complication is so obscure that unless we have repeatedly examined the urine, we find secondary symptoms present before we are aware. It is stated that in malignant cases the microscope will detect urinary changes indicative of kidney trouble in advance of chemical analysis. It is well to make both tests whenever we have a malignant case under our care; for it is of the greatest importance in the management of these cases that we know early of any kidney complication. From the very beginning, in many cases, renal changes may take place, and it is generally in the class of cases above described.

Scarlet fever nephritis varies greatly in its intensity. It is often the cause of spasms and dropsy, which may precede the suppression of the urine. Indeed, we need not always have this malignant form to be followed by renal complications. The greatest care in the management and nursing, as well as in the treatment of any case, whether mild or malignant, has much to do with the avoidance of these deplorable results. Hereafter I shall refer to a case where the kidneys became frightfully involved, and the child went forty-eight hours without passing a drop of urine. Neither dropsy nor suppression should be taken as signs of nephritis, but rather a sequel of a complication, signs of which might have been detected in the urine long before. Our Materia Medica is full of remedies which, if carefully applied, will check or abort this serious complication.

Another complication which we often meet in the form of scarlet fever now referred to is inflammation and suppuration of the glands of the throat, especially the parotid and sub-maxillary. These inflammations often appear as sequelæ, but in this malignant form of the disease may occur simultaneously with the earlier symptoms. I have seen the sides of the neck stand out in line with the head; and in one case under my observation I have seen deglutition entirely obstructed. Only after the evacuation by deep incision of a large parotid abscess could the patient find himself able to swallow. In this class of cases there is great danger of the burrowing of pus. Free drainage and thorough disinfection should be employed. This complication I have found more difficult to manage when it appears simultaneously with the disease and not as a sequelance. The ear complications are among the worst we are called upon to treat. These troubles usually begin in the throat, the inflammation extending up through the eustachian tube to the middle ear. Abscesses are apt to occur in this locality, destroying the auditory nerve, resulting in deafness, partial or complete. It is very easy to destroy the delicate structure of the middle ear. Inflammations in this locality often pass back to the bony cells of the mastoid process of the temporal bone. These abscesses, unless checked in their incipiency, are apt to cause serious brain trouble.

During the past year I have seen two of these cases, where, but for timely operation, the patient would have died from brain complication. It is especially in this complication, that the carefully-selected Homeopathic remedy does us great service. In truth, I may add, I have yet to hear of a case of scarlet fever which has been treated by a Homeopathic physician being left permanently deaf.

Calcarea phos., *Calcarea carb.*, *Silicia* and *Mercurius* will often avert this trouble. I wish to mention a few clinical cases, which have come under my observation of late, and which have been of peculiar interest to me:

Case 1. A child six years of age, fairly strong and well, was taken with what looked like a mild case of scarlet fever. All the prodromic symptoms were present. Nausea and vomiting, red and inflamed throat, swollen tonsils, heavily-coated tongue, temperature 102°, with a mild diffused rash about the neck, shoulders and extending down the body covering the limbs. The fever rose until the temperature reached 103½°. The case was, in no sense, malignant, the child taking nourishment and sleeping fairly well. At the end of the first week the rash began to fade, the temperature to lower and the child anxious to sit up in bed and play with her toys. The week following a slight desquamation ensued, although it was not in large casts, but in fine branny scales, in places almost imperceptible. At the beginning of the third week I had discontinued daily visits and had not seen the child for several days, when I was hastily called and found the child with a temperature of 104°, and covered with a coarse, raspberry-red rash about the face, neck and shoulders. This same erruption appeared on the roof of the mouth. A hoarse sonorous cough was almost constant, great dread of light, nausea and vomiting, but no soreness of the throat. At once I diagnosed measles, and on my next visit, found a full-blown case, covering the entire body. The temperature, during the attack of measles, ran about 2° higher than during the attack of scarlet fever. In this case, during the attack of measles, the abscesses of the ear threatened, the child complaining of extreme pain in both ears, with slight dullness of hearing. *Magnesia phos.* was given for this se-

quela, followed by *Calcarea phos.*, and in a few days my little patient was relieved from the pain without either abscess forming sufficiently to break or cause impairment to hearing. During the early part of the disease *Belladonna* was the remedy employed. During the attack of measles *Bryonia* was the remedy used, and for the sequelæ, the remedies first named. This coincidence is somewhat singular, although measles follows scarlet fever occasionally. Evidently the exposure to measles must have been previous to the attack of scarlet fever, and the measles germ must have remained dormant in the system during this time.

Hahnemann, in the Organon, speaks of this peculiarity in disease. He says that the germ of a certain disease may lie dormant in a patient while another germ more specific in the patient, and perhaps more powerful, may generate and run the course of its disease; while the weaker germ may assert itself as the other disease disappears, and the new disease assumes the condition peculiar to its germ. Hence, in the above case, based upon Hahnemann's theory, my patient may have been exposed or had in her system at the same time the germs of scarlet fever and measles, the latter disease asserting itself as soon as the former disease was spent.

Case 2. Was called to treat a child two years of age with a marked case of measles, which ran the usual course, not of a malignant type, but having the hoarse cough and peculiar eruption of this disease, and the ordinary catarrhal symptoms of the respiratory tract. *Bryonia* ameliorated the symptoms in the case, and undoubtedly assisted in speedy convalescence, when the patient was attacked with a well-marked case of scarlet fever, which ran its usual course, with no sequela. This case again shows, as in Case 1, that the two germs of different diseases must have been present at the same time. However, it is probable that two diseases may simultaneously run their courses, as stated in the early part of this paper.

Case 3. A child seven years of age had scarlet fever six months previous. I was called in haste to find the child in a severe spasm. On examination, I found a condition of nephritis, with greatly extended abdomen and edematous condition generally over the body. *Gelsemium* was administered for the spasmodic condition, and continued for a day or two, when brain complication set in, showing evidently the condition of meningitis from effusion. The head rolled from side to side, pupils contracted, the patient going into a comatose condition.

Helleborus niger was given for two or three days, followed by *Apis* and *Arsenicum*. This case was not under my treatment during the accute attack of scarlet fever. The post-scarlatine symptoms were all cured by Homeopathic treatment, but the child, to-day, is not mentally strong and will probably always remain feeble-minded. Had this child had Homeopathic treatment in the first place, perhaps this deplorable condition would not now exist.

Case 4. A boy five years old, taken with malignant scarlet-fever, delirium and coma almost from the first; spasmodic twitching of the muscles; temperature, 104° to 106°; diphtheretic deposit on both sides of the throat, beginning on the left; very sensitive to touch about the neck and face; always worse after sleeping; rapid emaciation. About the fifth day the parotid and sub-maxillary glands became greatly involved and swollen, so that the neck stood out on a line with the head. The intense inflammation caused rapid suppuration, attended with difficulty in swallowing. Abscesses were evacuated by incision, which at once relieved deglutition. Fortunately no ear complication was present. The rash, though tardy in appearing, became fully developed. During this time the remedies given were: *Lachesis*, *Gelsemium*, *Belladonna*, *Mercurius* and *Hepar sulphur*, as indicated. When I thought the patient better, with a tendency toward recovery, a complete suppression of the urine ensued, which lasted about forty-eight hours, during which time *Apis* and *Apocynum* were given, in the order mentioned. Symptoms of uraemic poison had begun to appear, when either nature or the remedies came to the relief of my patient. After a tardy convalescence, the child fully recovered.

Among the remedies I have found most useful in the treatment of scarlet fever, I may mention:

Aconite. In early stage: dry, hot skin, full quick pulse, intense fever, thirst, fear and nervousness, sudden and severe pains in different parts of the body, gasping for breath.

Ammonia carb. Scarlet fever of a malignant type; right side affected about throat and glands, eruption faint, brain much affected, involuntary stools.

Apis mel. High fever, burning and stinging pains, especially of skin; tongue dry, red and swollen; post scarlatina troubles, scanty urine, anasarca, albuminuria.

Arsenicum. All malignant forms; eruption delayed, or, appearing, grows suddenly pale or livid; great loss of strength; very restless; drinking causes nausea; eyelids puffed, dropsical tendency; a grand remedy in severe forms.

Baptisia. Typhoid type, sordes on the teeth; ulcers on tongue and in throat; dark mottled rash, with very foetid breath.

Belladonna. Bright red rash, usually smooth; serious brain symptoms, delirium or stupor; high fever, throbbing parotids; difficulty of swallowing liquids, with great thirst; child moans constantly; suppressed urine; threatened ear troubles; a grand remedy in post scarlet-fever nephritis.

Cuprum. Convulsions before rash appears; convulsion from sudden suppression of rash; little fever; patient easily aggravated by contact; face cold.

Gelsemium. Intense fever, followed by profound prostration; filiform pulse; spasms; albuminuria; squint following scarlet fever; all forms of paralysis following scarlet fever.

Helleborus. Dropsy following scarlet fever; meningitis following scarlet fever; albuminuria, head rolling from side to side, from brain irritation. Among other remedies useful, which we might still mention, and which are often required, are: *Hyoscyamus, Lachesis, Lycopodium, Mercurius, Muriatic acid, Phosphorus, Rhus tox, Silicia, Sulphur, Terebinthina* and *Zincum.*

In scarlet fever especially has Homeopathy shown its great superiority over the Allopathic treatment, the percentage of deaths being far less and the dangerous and disagreeable sequelae which so often follow this disease, less frequent.

In conclusion I will say: Too much skill cannot be exercised in prophylaxis nursing and disinfection. *Belladonna* in many instances has proved a useful prophylactic, and when given in advance, no

doubt at least ameliorates the disease. Among the adjuvants in the treatment of the disease may be mentioned the hot or cold pack. I much prefer the hot pack, believing that there is less danger in its use. It has been my custom for years to use common fresh lard freely and frequently over the entire body, applying it as often as every hour during the intense fever. This allays the irritation, itching and fever, often reducing the temperature a degree by a single application and holding it down by its repeated applications. Sponging is admissible, if intelligently done. The diet should be light during the fever; nothing is better than good fresh milk, the patient being allowed water whenever desired, in reasonable quantities. Many other forms of food are admissible, such as beef tea, arrow root and various forms of gruel. Little solid food should be given a child during the first week of the fever. During the disease thorough disinfection should be employed. Always use a carbolized spray in the sick room and about the house during the course of the disease. The physician should be subjected to a spray of this solution before leaving the patient. There are many drugs which may be used as disinfectants, among which might be named bichloride of mercury and bromo-chloralum. After the patient has recovered, disinfection and fumigation should be rigidly practiced. All books, clothing, carpets—in fact, all articles which may retain germs of the disease—should, so far as possible, be removed from the sick room when the disease is first discovered and afterwards thoroughly disinfected by fumigation. Cloths, handkerchiefs and napkins should be burned immediately after using. In fumigating nothing is better than the ordinary sulphur candle, allowing the fumes of the sulphur to remain in the room for several hours, then thoroughly ventilate. Follow this up with a thorough washing of the woodwork with bichloride of mercury, a solution of one to two thousand. As Homeopathic physicians we may well feel proud of the results attained from our treatment of this dreaded disease. If it can be shown, as I believe it can, that the asylums of our country are filled with the deaf, dumb and blind from lack of skillful treatment, and that there is a better way known to the followers of Hahnemann, may we not hope that in the future our efforts and success will be appreciated by a grateful public?

Associations.

INDIANAPOLIS HOMEOPATHIC MEDICAL SOCIETY, MEETING OF OCT. 3, 1894.

The Homeopathic Medical Society of Indianapolis held its last bi-monthly session on the evening of October 3d, at Dr. Boyd's office. After the reading of the minutes, the committee on program reported a sectional outline for the year's work. The bureaus of gynecology, surgery, materia medica, obstetrics, eye and ear, pedology, nervous diseases and general practice to be represented by two papers each during the coming year.

Dr. L. W. Jordan read the paper for the evening, entitled, "Surgical Methods in Treating the Eye," in which he stated that successful operating must be in the line indicated by natural recovery; that traumatism in a surgical operation affects the results of the operation, not so much by the extent of the tissues disturbed as by the extent of exposed surfaces and restricted nerves and vessels left after the operation is completed and the parts adjusted. The slight traumatism is what makes operations on the eye so universally successful. Surgical shock is slight in eye operations, because there is no injury to the sympathetic nervous system and none to vital organs. Both shock and anesthenia are exaggerations of the fainting process.

The general health has to do with recovery from operations. Those races of men furthest from civilization and familiar diseases, who for generations have lived a rough-and-tumble life, have the restorative power in greatest abundance. This leads to a well-recognized and deplorable fact that surgical assistance and all temporary relief given to the injured and sick makes the following generations so much the more in need of such assistance, that some tissues are readily restored, as the anterior portion of the cornea, which if abraded, will restore itself in a few hours.

Rest of the parts operated upon and of the whole body cannot be ever-estimated in eye surgery.

Dr. C. E. Sawyer, whom the presiding officer had appointed to lead the discussion, agreed with most of the paper and laid much emphasis upon the necessity of continued rest, in any disease or operation, and the equal necessity of properly graded exercise in re-establishing the usefulness of injured members at the proper time.

Dr. W. B. Clarke could not agree with the essayist when he claimed that if certain lines of practice be continued the needs of such lines of practice will be increased in succeeding generations.

He thinks the so-claimed increase of disease more apparent than real, and due to the greater number of physicians able to diagnose disease.

Dr. F. C. Stewart believes that defects cured tend to strengthen the race, if the opposite be true, and asks if greater civilization produces more complex diseases.

Dr. J. D. George refutes the claim of little or no surgical ability among Homeopathic practitioners by saying that investigation will show a greater per cent than among the old school. He believes in asepsis rather than anti-sepsis.

Dr. Boyd agreed with the paper and spoke of the tendency of the system to accommodate itself to surrounding conditions.

Dr. Sollis Runnels believes that to be a successful specialist one must first have been a successful general practitioner; that medication be given more attention.

Dr. Rebecca Rogers spoke of the need of surgery and medication going hand-in-hand, and that a specialist in surgical lines should not abandon the deep-reaching effects of medicine.

Dr. W. B. Stewart favors asepsis rather than antisepsis, and as regards operating, believes the greatest skill is required in knowing when to operate.

Dr. Jordan closed the discussion and the society adjourned.

MEETING OF OCTOBER 17, 1894.

The Homeopathic Medical Society of Indianapolis met Wednesday evening, October 17th.

The paper of the evening, on "Fractures and Dislocations of the Femur," was read by Dr. J. D. George, who succeeded in stirring up an interesting discussion.

Dr. C. E. Sawyer said that, in his experience with fractures and deformities, he had found that the best physicians blunder as to the condition of the upper part of the femur, and this fact is due to the difficulty of diagnosis. He thinks that no one can be sure of making a correct diagnosis unless the patient is anesthetized. He prefers Buck's extension. Put at rest and make limb as long as possible in fracture. He also believes cold applications or ice packs should be used in first stages, to prevent inflammation, before putting in splint, and thinks plaster casts an abomination. Pressure by set screw or pad will give wonderful results, if continued long enough in indicated cases.

Dr. W. B. Clarke favors the Bavarian splint, which has advantages over the plaster splint. If the femur is out of place, time may make a good joint on the ilium. He thinks all the *Calcareas* useful remedies in fracture cases.

Drs. Redman, Runnels, Rogers and Boyd all described peculiar cases which had come under their notice or care.

Dr. George closed the discussion with an account of three cases of fracture of the upper third of the femur, in women over seventy-two years of age, with favorable results as to treatment. He believes in using the same methods with the old as with the young.

MEETING OF NOVEMBER 7, 1894.

The Homeopathic Medical Society of Indianapolis met in its new quarters at the Denison, Wednesday evening, November 7th. After the usual business preliminaries, the president, Dr. O. S. Runnels, made some pertinent remarks in regard to the lack of a Homeopathic dispensary in this city.

A general discussion as to the desirability and feasibility of starting such an institution followed, the majority of the members present being favorable to such a plan. On motion of Dr. J. T. Boyd the chair was empowered to appoint a committee of three to consider a plan for the establishment of a Homeopathic dispensary, such committee to report at a subsequent meeting.

After other miscellaneous business Dr. W. R. Stewart read a most inspiring paper on "Materia Medica," which he compared to the trunk of a tree, the other divisions of medicine coming in only as branches. He also spoke of it as our stock and store, our every-day resort, our cure-all and common property for every-day work. If all has been done for a patient that lies within the scope of Homeopathic Materia Medica, the ultimatum has been reached in medicine. A diagnosis is of little value to the patient unless followed by the proper remedy. Treatment is primary and paramount.

The great need in Homeopathic Materia Medica to-day is not more remedies or more symptoms, but a more thorough study and understanding of what we now have in that line, and a closer adherence to the primary principles as laid down by the immortal Hahnemann. Give but one remedy, as that is all we have in any proving.

In the discussion which followed, Dr. O. S. Runnels said he thought the paper had touched the great question of Materia Medica in a vital way, and urged a free discussion.

Dr. J. A. Compton said he had studied Materia Medica for thirty years and still finds he has much to learn.

Dr. T. C. Stewart thinks every physician should have a good clear plan for taking a case and should pursue the study of Materia Medica with more energy.

Dr. C. E. Sawyer spoke of the tendency in these days of specialties of relying on other means of cure, measures, too often, not as certain as medicine. Homeopathy should ignore fads.

Dr. Sollis Runnels said he learned more of Materia Medica from patients than from books.

Dr. L. W. Jordan is of the opinion that much of our difficulty in finding the right remedy comes from our inability to interpret symptoms.

Dr. J. D. George touched upon and deprecated the general tendency toward prescribing a remedy simply because we know it to be useful in diseases of certain names.

Dr. W. B. Stewart thinks that if the average practitioner spent as much time on Materia Medica as he does upon pathology, etiology, diagnosis, etc., there would be more accurate prescribing.

Dr. W. B. Clarke said that if we were really well grounded in Materia Medica we could out-do any school. He thinks there is more than one similimum for every disease.

Dr. Rogers spoke of the imperfect methods of teaching Materia Medica in many of our colleges as being the primary cause of much imperfect work done in prescribing.

Dr. O. S. Runnels thinks there is often much time wasted in studying Materia Medica. There must be *association*, if the facts of Materia Medica be retained. We get the clearest, most lasting pictures of drug action by studying the pictures of poisoning. He thinks the coming doctor will prescribe fewer drugs.

In closing the discussion Dr. W. R. Stewart said he thought we could fill our minds with Materia Medica as well as with other subjects, if we will but work steadily enough.

The chair appointed Drs. J. T. Boyd, C. E. Sawyer and R. W. Rogers to act as the committee for considering dispensary plans.

Rebecca W. Rogers, M. D., Secretary.

WESTERN NEW YORK SOCIETY.

The Homeopathic Medical Society of Western New York held its regular quarterly meeting October 12, at the Alexander Street building of the Homeopathic Hospital in Rochester, N. Y., President J. W. Le Seur, of Batavia, in the chair.

The amended constitution and by-laws, which were presented at a previous meeting, were adopted.

The program opened with a paper by O. Stewart Bamber, M. D., of Rochester, entitled, "The Uterine Arteries in Relation to Pratt's Hysterectomy." The paper was strictly anatomical, and explained the origin, course and relation to the three layers of the uterus of the uterine arteries.

Discussion was opened by DeWitt G. Wilcox, M. D., of Buffalo, who spoke of the advantages of the technique of Dr. Pratt's operation, and stated that in case of large fibroids of the uterus, where it was impossible to remove the mass per vaginum, it had been the procedure to dress the stump extra peritoneal; but, acting on a thought suggested by Dr. Pratt's operation, a circular incision around the cervix, through the outside coat only, is made, and the stump peeled out, leaving only a small pedicle, which is ligated and dropped into the pelvis without

the danger which the sloughing of the large stump would occasion.

Dr. Gillette, of Medina, detailed some of his experiences at Dr. Pratt's clinic.

H. W. Hoyt, M. D., of Rochester, then read a paper on the "Importance of Urinary Examinations During Pregnancy," which covered the subject thoroughly, and urged the importance of examinations frequently during the latter months of pregnancy. He cited one point of particular interest to all materia medicists. It was an instance of the use of *Pilocarpine* in a case of post portum, sweating following albuminuria. The symptom had persisted for nearly two weeks, the bed clothing would be wringing wet two or three times a day, and within twenty-four hours after the exhibition of this remedy the symptom was abated.

Drs. Neefus, Haywood and Wolcott discussed this paper and agreed with the author.

The "Galvanic Treatment of Lachrymal Stricture" by E. J. Bissell, M. D., of Rochester, was next read. He stated that it was far superior to the knife, but that he always held the knife in reserve. This paper was discussed by Drs. G. M. Haywood and L. I. Bull, both agreeing with the author and citing cases sustaining this position.

"Insomnia," by P. W. Neefus, M. D., of Rochester, was a strictly Homeopathic paper, by a specialist, but couched in a "language understanded of the people," and appreciated by every one of his listeners who had ever been confronted by this exceedingly distressing symptom of nervous disturbance. The discussion was opened by Dr. J. M. Lee, who said that the author's distrust and non-use of other than the Homeopathic remedy called for commendation, as people suffering with this disease, more especially than any other, were liable to drug habits.

Dr. Chamberlayne mentioned several points in regard to hygiene.

Dr. Gillette spoke of use of electricity.

Dr. Winne had also used electricity with good results.

No other members who were down for papers being present the society listened to the off-hand reports of several surgical cases, by J. M. Lee, M. D., of Rochester. Of the several morbid growths offered for examination, one was particularly interesting, it was a growth involving the uterus, which was enlarged to such an extent that the ovaries and tubes were completely flattened out on its surface, from pressure between the abdominal wall and the growth.

It is also worthy of note that this is the forty-fifth successful hysterectomy performed by Dr. Lee this year.

The evening session opened with Vice-President H. W. Hoyt in the chair.

Several new members were elected and other routine business transacted.

Dr. C. E. Walker, of Henrietta, read a paper entitled: "Some Experience with the Long Faradic Coil." This paper and the discussion it elicited, which was participated in by Drs. Bissell, Gillette, Bamber and Neefus, led up to the paper on "Drug Dynamization vs. Electricity," by S. G. Hermance, M. D., and it was much regretted that he was unable to be present. Adjourned.

MONROE COUNTY SOCIETY MEETING.

The regular quarterly meeting of the Homeopathic Medical Society of Monroe County was held at the Alexander Street building of the Rochester Homeopathic Hospital, on October 16th, the President, G. M. Haywood, M. D., in the chair. There was a good turnout and an interesting and instructive session was the result. The first paper was by Julia F. Haywood, M. D., entitled: "Typhoid Fever." The writer devoted herself mainly to nursing, feeding, hygiene and adjuvants. A spirited discussion followed, which was opened by Dr. Bamber. He decried the use of either mild laxatives or enemas in early stages, as suggested by Dr. Haywood; he also vigorously objected to the use of any of the coal-tar products used with the specific purpose of reducing temperature or for any other purpose, and urged the members to devote the time to the study of the materia medica which they commonly used in reading up on antipyretics and old-school adjuvants, believing that if this advice was followed the statistics would be much more in our favor than they are now.

Dr. Haywood replied to this criticism and attempted to sustain her position. Dr. Thurber gallantly backed the lady to win, but the members vied with each other in attempting to secure the floor and follow the lead taken by Dr. Bamber. Among those in the field against the favorite were Drs. Clapp, Graham, Neefus, Collins, and Nicholson, of Adams, N. Y. In the minds of the majority the field won and the favorite was distanced—Homeopathy won.

"Heredity and Environment," by W. B. Carmen, M. D., won an erudite and highly commendable essay, covering, in a comprehensive manner, the relation of heredity and environment to crime, discussing crime as a disease, alcoholism as inducing crime and the effect of the humanitarian movement on crime.

Dr. E. H. Wolcott opened the discussion by saying that, while he could not agree with the author in all his premises, he fully appreciated the breadth of the subject and believed it deserving of much thought.

Dr. Neefus followed, commending the author on the manner in which he handled his subject and agreeing with him that on the medical profession, more than the theological or legal, devolved the study of this subject, as their sphere obtains in treating both diseases of the mind and body.

"Antiseptics" was the title of a paper by N. M. Collins, M. D., who asserted that asepsis was preferable to antisepsis, if it could be obtained, but did not think it always possible.

Discussion opened by Dr. Bamber, who stated that he did not believe antiseptics were necessary, except, possibly, in washing or cleansing a wound or surface which was already invaded by pus; even then did not think it necessary to continue, as internal remedies, which restored balance of system, would stop the secretion of pus, instead of suppressing it.

Dr. Lee gave his experience and now stands for antiseptics, especially in hospital work.

Placebo.

CINCINNATI HOMEOPATHIC LYCEUM.

At the October meeting, held at Pulte Medical College, Prof. C. D. Crank read an exceedingly interesting paper entitled, "Pre-Natal Influences." He stated that there had always existed the belief that impressions made on the mind of a pregnant

woman caused physical effects on the child, and that the question was not, "Do they produce effects?" but, "How do they do it?"

First. At what period of pregnancy is the impression made?

Second. What is the similarity of the effect in the child to the object seen by the mother?

Third. Is it necessary for the mother to be conscious of the effect for it to occur?

Fourth. Of what value is the statement made by the mother as to the character of the effect?

Fifth. Through what channels are the impressions made?

Sixth. What is the character of the impression?

Seventh. What duration of the impression is necessary to produce the effect?

His answers were:

First. In almost all cases it occurred before the third month of pregnancy.

Second. In the majority of cases there was a close correspondence to the object seen by the mother.

Third. It was not necessary for the mother to be conscious of the effect.

Fourth. The mother could give a very good statement as to the effect.

Fifth. Sight the sight directing the emotional effect.

Sixth. It may be from pain, fright, deformities, etc.

Seventh. Some mothers are more easily affected than others. Some women under similar circumstances were not similarly affected.

The duration need be but a short time.

He concluded that impressions made on a woman in pregnancy not only produced physical, but mental, effects; that physical effects are apparent at birth, but mental effects are not noticed until later in life; that, in family life and history, heredity accounts for everything, but that children can have effects in other ways than by heredity; that it was necessary for pregnant women to avoid all pain, excitement, frights, surgical operations, deformities, etc., and reported numerous interesting cases, among which were cleft palate, hare lip, amputations, fright by an alligator at six months' pregnancy; child born at full term and lived without clothing, crawling on its belly all its life and never walking; woman at six months, seeing a brother in jail with handcuffs on wrists and ankles, miscarried in two weeks, child having fibrous cords connecting wrists and ankles.

Dr. J. D. Buck stated, in discussing the paper, that the reason for these occurrences had never been assigned, yet the reason exists. The validity of the cases could not be disputed or denied. He assumed two things: First. That we are not here now for the first time, but that we have existed before. Second. By assumption there is something in man and humanity, as a whole, that has saved man in his present form through millions of years. If we believe in evolution, Darwinism, etc., the struggle of the survival of the fittest would have modified man out of existence. There must be some checking influences that prevent varying influences from modifying the human form. He called it the Astral or Form body, and as this was metaphysical, the demonstration of it would necessarily be a metaphysical demonstration. The facts of existence through millions of years are such as to necessitate the existence of something to prevent some influence modifying man; hence, he assumes that in the process of gestation some form body exists. He believed in pre-natal influences and disbelieved in heredity.

Dr. Walton's investigations lead him to believe that all changes have occurred before the third month, when the child was in a plastic state. Quite a number of other members also engaged in the discussion which followed.

Jas. A. Davis, M. D., Secretary.

Correspondence.

LIES DON'T GO IN ARKANSAW.

Little Rock, Ark., November 6, 1894.

Editor Medical Century: This morning I received the inclosed card from one of the many readers of your valuable journal: "November 2, 1894.

"My Dear Doctor Green: The three hysterectomies by you reported in October 15 Century, did they all recover? Some in this vicinity question the recovery, especially of the last one reported? One of my neighbor M. D.'s says to report that case as a recovery is a lie."

Replying to the above, I will say that the last case died from heart failure (the other two recovered without a bad symptom). When the patient went on the table she was extremely weak and emaciated, consequently the shock was severe and her heart never regained strength. Had it not been for this fact, her chances of recovery were fairly good. (I have had cases apparently as hopeless, when leaving the table, and where more damage was done to the viscera, recover.) This opinion was expressed by all present.

It was not my intention to deceive the profession in regard to the results in the case, *in fact, I did not say that any of them recovered. The object of the article was to demonstrate that vaginal hysterectomy by any method is not a minor operation*, and further, to illustrate the almost insurmountable difficulties that may be, at times, encountered. If I desired to do so, I could give several instances in which inexperienced operators, by such teachings, have met with disaster in attempting to remove conditions through the vaginal route that were not suitable to that method.

Now, I want to state that I do not belong to that class of liars referred to by the doctor, and will further add (parenthetically) that in my country we do not say that a man "lies;" it is not safe. He may be mistaken, or he may have forgotten, but he never "lies." I once knew a man to say that, and now a green mound marks his resting place; the remark has never been repeated.

I have never had a death from laparotomy (hysterectomy, as well), that I have not reported in print. *In truth, I have never had a death from any surgical operation whatever that I have not published and commented upon in some of our medical journals.* Where the cause of death has been attributable to me or my technique, I have frankly said so. *I believe in reporting one's failures.* Very truly,

W. E. Green, M. D.

Dr. O. Stewart Bamber, of Rochester, N. Y., has been appointed surgeon to Rochester Hahnemann Hospital.

Medical Century

An International Journal of Homeopathic Medicine and Surgery.

C. E. FISHER, M. D., - Editor,

ASSOCIATE EDITOR:

W. A. DEWEY, M. D., New York.

Chicago, December 1, 1894.

IS DIPHTHERIA CONQUERED?

A very considerable stir is being experienced in old-school circles just now over the presentation to the profession of *Anti-toxine*, a serum product of the inoculation of the horse by the diphtheria poison, which remedy is reputed to be far more effectual in combating diphtheria than all other measures known up to the time of the introduction of this agent. The discovery of this alleged exceedingly valuable therapeutic agent is claimed to belong to the Pasteur Institute in Paris, through the laboratory experiments and microscopic researches of Pasteur's chief assistant, Dr. Roux, and also to the Koch laboratory in Berlin, a system of experiments having been conducted in that city for two or three years past by Drs. Behring and Aronson, two of Prof. Koch's most skilled assistants. It is claimed by these savants that by the vaccination of children who have been exposed to the diphtheria poison, and those in whose systems it has already been introduced, they are amenable to the action of this product, and that much of the terror attending an attack of diphtheria is removed when it is used. The very extravagant claim is made for it that in certain of the Paris hospitals the mortuary record shows a reduction of from about fifty-four per cent to twenty-five per cent, and in Berlin about the same favorable results are claimed for it. Dr. Biggs, of the New York Health Office, visited Berlin a few months ago for the purpose of investigating the use of the agent, and returned full of enthusiasm, urging upon his city the establishment of a laboratory for the purpose of preparing the serum at once. In the Willard Hospital for Children in New York the remedy has been tried for some months past, and the claim has been made that the death rate has been reduced from forty per cent to about sixteen per cent.

The wave has reached Chicago, also, and at a late meeting of the City Council a member of that body introduced an ordinance authorizing the Health Department to supply itself with the German serum and institute experiments in its use in this city. And thus we have the anomalous spectacle presented of American municipalities anticipating the investigations of the medical profession and dabbling in the realm of science through municipo-political channels.

It is hardly likely that the Homeopathic profession will allow itself to fall into the error that engulfed our old-school confreres when Koch's tuberculine was thrown upon the market a few years ago. It will be remembered that physicians of the dominant sect visited Berlin in hordes, several thousand of them congregating to hear the German professor explain his method of curing consumption; and it will be remembered also that for a period of eighteen months, or thereabouts, the Koch hypodermic and the precious vial of lymph formed important elements in the armamentarium of the "scientific physician." But it will also be remembered that Koch's tuberculine proved to be one of those meteoric scintillations that sometimes flit athwart the medical sky, and that the German's lymph soon went the way of the whole lot of other alleged scientific discoveries of the laboratory therapeutist. Hence we may be pardoned for being just a little conservative in our predictions in regard to this new product of the chemico-bacteriologist. It may be that *Anti-toxine* may prove to be all that is claimed for it, but it is very much more than likely that it will be found to be but the result of one of those sporadic outbursts of attempt at specific medication, which so often prove fallacious; and, conscientiously, we rather expect to see this new agent early relegated to the oblivion from which tuberculine sprung with such marvelous swiftness and to which it returned with such wonderful activity.

At any rate, without desiring to appear unresponsive to legitimate investigations by competent scientists in the medical profession, we believe we are not arraying ourselves among the non-progressivists of the profession in suggesting that municipal authorities had better let problems of this nature rest with the medical profession for solution. Homeopathy possesses measures that are far more effective than any which have heretofore been practiced in the combat with diphtheria and many other dread diseases, but it would be considered very presumptuous for us to ask our city councils to appropriate monies for the employment of Homeopathic physicians and the purchase of Homeopathic remedies for experimentation upon our people, to the exclusion of other men and measures.

At present writing it may be said that the testimony offered by the old school favoring the serum appears to be sufficiently in the affirmative to justify us in expressing the hope that investigations in this line will be continued until the positive value or absolute valuelessness of the product is fully demonstrated; and, meanwhile, we can well afford to pursue the even tenor of our way and prescribe for our diphtheria patients as we prescribe for other sufferers, along the line of *similia similibus curantur*, and for the patient himself rather than for his disease.

DR. OBETZ RESIGNS.

After a contest lasting over two years Dr. H. L. Obetz, dean of the Homeopathic Medical College of the University of Michigan, has resigned his position as dean and professor of surgery at Ann Arbor. This step was taken on the 22d of November, the resignation being referred to the medical committee. At the same time "Regent Fletcher moved that, for the purpose of the thorough reorganization of the Homeopathic school, the remaining members of that faculty be asked to place their resignations in the hands of the board, to take effect October 1st next, if, in the opinion of the board, it be then desirable." This motion was also referred to the medical committee.

Our friends in Michigan have need to keep a weather-eye open. There is a hen on. Dr. Obetz may be sincere, and, again, he may not be. Personally, we do not believe he is. His resignation, it will be seen, has been referred to the medical committee. At the same meeting the resignations of the other members of the faculty, against whom no charges have been made by anybody, are asked to place their resignations in the hands of the regents, and this motion is also in the hands of the medical committee. Hence, the prediction that there is a bug under the chip, somewhere. The only crime the other members of the faculty have committed is that of unanimously asking Dr. Obetz to resign; or, rather, a paper was signed this fall by Profs. MacLachlan, Mack, Hunt and Eggleston expressing the opinion that Dr. Obetz's resignation is absolutely necesssary to the welfare of the school, and for this they are asked to place their resignations in the hands of the board of regents. Something is wrong, and we firmly believe the profession of Michigan will have the fight of their lives on hand this winter before the Legislature. As a matter of fact, a circumstance quite in keeping with Dr. Obetz's whole course in this infamous affair, for 'tis little else, that gentleman openly declares, in an interview with the Detroit *Free Press* of November 23d, that he has resigned to relieve himself of the personal character of the fight and to change the issue to that of amalgamation. And he has the effrontery to suggest that he believes he will be supported in his views "by every first-class physician in the State." Pretty rough, this, on MacLachlan, Mack, Hunt, Eggleston, Grant, the Nottinghams, Reynolds, Wilson, LeSeure, Long, Copeland, Hillyer, Knight and several hundred good and loyal Homeopaths who opposed the amalgamation idea from the start, and who are still opposed to it. In his opinion, Drs. Obetz and Sam Jones are about the only first-class physicians in Michigan, for surely not even the old school would altogether relish so chimerical an idea as the forced teaching of Homeopathy in their halls.

Dr. Obetz's lack of honesty seems to be made most apparent when he gives as a reason for the falling off in the attendance upon the Homeopathic department from eighty to eighteen students "the change in the requirements made by the board of regents in the interest of higher education." What a disgraceful statement this is, and how brazen the falsehood! The Homeopathic colleges have all increased their requirements, until they are but little belowthose of Michigan University, and all have greatly increased classes this year, with perhaps an exception or two. And the change in standard at Ann Arbor applies with equal force to the old school college there, whose class is largely increased this year. It draws its support from exactly the same field, and yet its classes are increased while ours have dwindled down to almost nothing. Surely this man is the dullest individual that ever held a responsible position in a medical college or he is one of the most perverse or one of the most dishonest so bigoted he cannot see, or so contrary he will not. Is it any wonder that even his friends in the profession are becoming disgusted with his course and are being brought to doubt his sincerity? And his lack of honesty is manifested in his declaration to keep up the fight before the Legislature and make the issue the amalgamation idea, which only a month ago the regents declared was not before them, had not been, had not been acted on by the colleges, and upon which statements they acquitted him of all wrong in connection with the betrayal of the interests of the Homeopathic department, with which he was charged. It is presumed those members of the American Institute who could not be brought to see dishonesty in the course of the late dean until now will cease to wonder at the earnestness of the Michigan profession and its friends, whose eyes had been opened to the true situation long ago.

If the resignation of Dr. Obetz is bona fide, and if it is to be accepted by the regents in good faith, the should uphold the hands of the regents in their desire and efforts to reorgonize the faculty, even if some of its loyal members and true adherents have to be sacrificed too. There should be no factional quarrels, no unseemely scramble for places made vacant, but the representative men of the profession as called upon should heartily co-operate with the board toward the substantial upbuilding of the Michigan school, that its former prestige shall be regained.

Editor's Table.

Dr. T. L. MacDonald, of Washington, has recently been confined by an attack of illness, which prevented his attendance upon the Southern Association meeting at Chattanooga.

Dr. R. S. Copeland, of Bay City, Mich., is another member of the United States Pension Board whose appointment has been brought to light by the inquiries in this direction of this journal.

A local district on the West Side, Chicago, in the vicinity of the Roby Street School, is suffering quite

severely from diphtheria. It has not yet been found necessary to close the school, but the advisability of such a move is being considered.

Dr. W. F. Brooks, recently of Lowell, Mich., has disposed of his practice to Dr. G. G. Towsley, a graduate of the Homeopathic medical department at Ann Arbor. Dr. Brooks will seek a location in a larger field.

The next meeting of the Homeopathic Medical Society of Chicago will be held at the Grand Pacific Hotel, the evening of the 5th inst., Wednesday next.

In response to numerous inquiries about the new work by the editor of the Century on "Diseases of Children," we are glad to be able to say that work on it is progressing with rapidity and it will soon be ready for press. Several of the more important chapters are now undergoing final revision.

Detroit is suffering an unusually severe epidemic of diphtheria. Several of the public and a number of the parochial schools have been closed by the health department because of the malignancy of its ravages and the inability of the board to cope with it in districts in which it has been found necessary to close schools.

The first annual announcement of the Metropolitan Post-Graduate School of Medicine, Homeopathic, New York, has been received. Dr. Timothy Field Allen is president of the new school, and it is otherwise excellently manned. Its corps of professors embraces nearly all of the well-known men of the profession of New York, representatives of all the

The Worcester County Homeopathic Medical Society held an unusually interesting and profitable session at Fitchburg, Mass., on Wednesday, November 14th. The invitation and program was among the neatest we have yet seen. Homeopaths, everywhere, seem to have a fondness for the beautiful in the art typographical. Nearly all of the programs coming to this office are characterized by attractiveness and good taste.

"A Synopsis of the Practice of Medicine," by Wm. Blair Stewart, M. D., Philadelphia, issued by E. B. Treat, New York, has reached our table. It is a condensed treatise in the department of practice, written mainly for the information of students, and contains the essence of this department. It is not intended to supplant or come in rivalry with larger works on practice, but to give the student the essentials, that he may comprehend his subject and be informed in the really necessary facts of theory and practice. It is a clever synopsis and will be found very helpful to students and young practitioners, of the old school especially.

Boericke & Tafel's Baltimore pharmacy send in a good many orders from their section and pronounce the Medical Century "One of the Finest." They also inquire about the progress of the new Text-Book of Surgery and the editor's forthcoming word in Pedology, announcing many inquiries for both. These works are well under way and will be on the market by the time the country revives from its business depression. It has not been thought best to rush either of them to a finish at the expense of thoroughness, nor has it been deemed prudent to launch them while the financial sea was so troubled. Work is being pushed on both, however, and the profession will have their wants in these directions supplied within reasonable length of time. The entire corps of surgeons report progress in the work of preparation of the Homeopathic Text-Book of Surgery and when it is ready the profession will have a book of which it will not be ashamed.

Of 5,611 cases of suspected diphtheria examined bacteriologically under the auspices of the New York Board of Health, from May 1, 1893, to May 1, 1894, 58 per cent were found to be true diphtheritis, 27 per cent were demonstrated to be false diphtheria, and in 15 per cent the diagnosis was left in doubt, either through faulty methods in the laboratory, defective media, carelessness in securing the specimen for cultivation, or because of the lateness of the stage of the disease in which it was taken. The Loeffler bacillus was found to be present in 58 per cent, while it was clearly absent in 27 per cent. Where present, the mortality was above 27 per cent, this being cases of true diphtheria, while in the pseudo-disease it was but 2 per cent. This explains, doubtless, the wonderful success of physicians who "never lost a case of diphtheria." They were dealing with false instead of true diphtheritis, diseases so closely allied in their clinical history that only the microscope and culture tube will differentially diagnose them.

Dr. J. A. Lenfesty, of Mt. Clemens, Mich., calls attention to the fact that the climatological number of this journal failed to contain a report from that health resort. Mt. Clemens is reported to be one of the best mineral-springs towns on the northern section of the United States. It has four resident Homeopathic physicians, and yet it is claimed by Dr. Lenfesty that Homeopathic people sent to Mt. Clemens for the benefit of the waters almost invariably fall into the hands of members of the old school profession, because of the fact that the advantages of this resort have not been made known by the local physicians through the Homeopathic medical journals. Dr. D. N. Nottingham, of Lansing, who has recently suffered from a serious attack of blood poisoning, took a course of baths at Mt. Clemens this fall, with decided benefit. Dr. Jas. M. Koier and Dr. Jno. Smith, of Jackson, Mich., have also recently visited Mt. Clemens for the benefit of the waters. It has a good local reputation. Our profession there should make themselves better known to their colleagues throughout the country.

And now 'tis small-pox that is being "discovered." Dr. Maximillian Herzog, of Chicago, late of Berlin, has been pursuing a series of investigations at the small-pox hospital at Milwaukee, and claims to have discovered the germ of this disease, something Dr. Koch and other German savants have failed to do. He is reported to have succeeded in perfecting a culture medium different from any heretofore employed, and to have cultivated the small-pox germ therein. He calls it a little amboea, claiming that it lives on a bacillus, and is, therefore, a bacteria parasite. The exact description of the little varmint has not been made public, nor has the profession been given the details of the investigations and the methods of arriving at the conclusions reached. Dr. Herzog says the tuberculosis is due to a little amboea, heretofore called a spore, and not due to the comma bacillus, as has been supposed. He says, also, that these amboeid bodies have been found in the blood, in the placenta, and in the offspring, and holds that the old theory that tuberculosis is inherited and inheritable is correct. Among other remarkable claims of Dr. Herzog is one to the effect that he thinks he will be "able to lay the foun-

dation to a true modern therapy, which will supplant the pitiable quackery of our present times." We will doubtless hear more from this adopted citizen.

The Rochester *Democrat and Chronicle* for November 17th, contains a page and a half illustrative description of the new Homeopathic Hospital in that city. Beginning at the beginning, it reviews every stage of growth of this institution from its inception, seven years ago, to its present magnificent proportions and describes the present buildings, ward by ward, and gives a fund of information which is especially creditable to the management of the institution, its medical and surgical staff and the good people of Rochester who have contributed so liberally toward its support and up-building. Up to January 1, 1894, the hospital had cared for inmates to the total number of 57,538 days, of which 34,280 days are to be credited to paying patients and 20,258 days of service to non-paying cases. Of the patients received during the last official year 346 were paying inmates and 331 were beneficiaries. A number of special wards and special beds have been provided by liberally-disposed people and Mr. Sibley, of Sibley Fire Engine fame, has been one of the most enthusiastic patrons and liberal donors the institution has had. Mrs. Sibley is the present president of the Board of Supervisors and Mrs. Don Alonzo Watson, whose husband was one of the exceedingly liberal givers to this great charity, is vice-president. The corps of physicians and surgeons embraces the best men of our school at Rochester and the character of the work done in this hospital is highly creditable to themselves, their institution and Homeopathy at large.

After allowing Dr. Obetz to remain at its head just two years longer than he should have been allowed to remain, one of the regents of the University of Michigan is now claiming it the most expensive department, per capita, on the ground. Of course it is. And why not, when the Homeopathic profession, whose patronage must support it, have been made to lose confidence in its management? Let the regents show that they really mean to do the right thing by the Homeopathic profession, and the school will soon again be one of our best. There has always been an exceedingly kindly feeling on the part of the profession toward this college. But even a blind man has been able to see in all these years that there has been little love on the part of some of the regency toward the school, and if there is blame for the present deplorable state of the college and for the meagreness of the classes and consequent expense per capita, who is to blame? Given, the same zeal in regard to this college that is shown toward all other departments at Ann Arbor, the same consideration for the wishes of the profession from whom its support must come, and the regents will have little occasion to complain of the smallness of the classes.

A Chicago daily paper recently published a column or more of facts, supposed facts, at least, about Antitoxine, the new remedy for diphtheria, heralding the statement that a child dying of the dread disease had been cured by the use of the new agent after the physicians in charge of the case had given up hope, embellishing the report with all the art known to the genus reporter, and making it appear that a certain member of the profession who had been so fortunate as to have secured a portion of the remedy from headquaters at Berlin had thereby become the savior of the dying child. The story was well written, as most such stories are, and much credit was likely to be given to antitoxine and much glory to the doctor furnishing the same, when the bubble is burst and the sensational features of the report are shown up by a declaration over the signatures of two well-known physicians to the effect that intubation, practiced just as the antitoxine was given, saved the child, as is shown by the fact that it came near dying a second time, two days later, because of coughing up the tube, the re-insertion of the same securing relief and insuring recovery. This is the same old story. The papers like sensations. Doctors are human beings, and like to see their names in print. Hence every little item connected with anything reputed to be new and effectual is taken advantage of and made of great moment. In this instance anti-toxine was used, but intubation was practiced at the same time. The case presented the usual course of an iutubation case, and so far as experienced physicians could tell there was nothing in the case directing attention to the effects of the new remedy.

A subscriber in New Jersey writes complainingly of two of the MEDICAL CENTURY's advertisements, that of Kemper Hall, which he takes to be a Catholic school, it being under the charge of the "Sisters of St. Mary," and that of the Anderson Whisky, expressing the opinion that advertisements in medical journals should be absolutely non-sectarian and strictly professional. Surely there is little of merit in this complaint. Kemper Hall is an Episcopal school of unusually high standing, and Dr. Pennoyer, one of our able and accomplished colleagues, has been physician to it for many years. Hundreds of our colleagues and their patrons send their daughters to schools having only old-school medical attendants, and many of our readers are, doubtless, glad to see an advertisement of a school of the high character of Kemper Hall in their medical journal, coupled as it is with announcement of Dr. Pennoyer's association with it. This was one of the reasons which operated to prompt the editor to enroll his daughter at Kemper. As for the whisky advertisement—well, doctors, even Homeopathic doctors, will use the stuff, vide some of the articles in the cholera-infantum and typhoid-fever issues of this journal. And since they will use it why not tell them of a really good brand, and why not call attention to it in our advertising pages? Personally we abhor it, even for snake bites. But, so long as it is prescribed for medical purposes, it seems to us that it is a legitimate article for our advertisers' department. Our New Jersey friend, who is one of our most valued subscribers, will doubtless not hold his complaint up against the CENTURY after considering this explanation.

The Hahnemann Association, a social organization having its home in New York, was organized on the evening of November 15th, with three hundred and twenty-two charter members. The society is purely a social one and is to meet in New York in November of each year. Its first anniversary was celebrated by a banquet in Jaeger's large banqueting hall, attended by a large number of the most prominent Homeopathic physicians of New York and vicinity, together with their wives, sisters, cousins and aunts. Dr. A. B. Norton, president of the association, introduced the post-prandial exercises and was followed by an able tribute

"In Memorium Samuel Hahnemann," by the toastmaster, Dr. Geo. G. Shelton.

The toasts of the evening were exceptionally well responded to, and were as follows:

"In Days of Yore," E. M. Kellogg, M. D.; "The Doctor in Politics," Henry M. Smith, M. D.; "Harmony," a poem, Wm. Todd Helmuth, M. D.; "The Doctor and the Dominie," Rev. Chas. H. Eaton; "As Others See Us," Hon. Melbert B. Cary; "Our Lady Guests," Selden H. Talcott, M. D. Introduction of the president-elect, J. Lester Keep, M. D.

A parting ode, words by Dr. Helmuth, was then sung by all present, accompanied by the Royal Hungarian Orchestra, who discoursed their sweet music the entire evening.

The officers elected for the ensuing year were: President, Dr. J. Lester Keep, Brooklyn; First Vice-President, Dr. Martin Deschere, New York; Second Vice-President, Dr. J. B. G. Custis, Washington, D. C.; Third Vice-President, Dr. Charles F. Adams, Hackensack, N. J.; Recording Secretary, Dr. Charles H. Helfrich, New York; Corresponding Secretary, Dr. H. D. Schench, Brooklyn; Treasurer, Dr. A. G. Warner, Brooklyn; Member Executive Committee, Dr. A. B. Norton, New York.

Among those present were: Dr. and Mrs. Helmuth, Dr. and Mrs. St. Clair Smith, Dr. and Mrs. Houghton, Dr. and Mrs. Shelton, Dr. and Mrs. Wilcox, Dr. and Mrs. Boynton, Drs. Doughty, Keatinge, Brown and White, of New York; Drs. Keep, Willis, Chapin, Winchell and Muncie, of Brooklyn; Dr. and Mrs. Phillips, of Boston; Dr. and Mrs. Custis, of Washington; Dr. and Mrs. Butler, Dr. and Mrs. Adams, Dr. and Mrs. DeBaum, Drs. Dennis, Church and Mandeville, of New Jersey; Dr. and Mrs. Hoag, and Dr. Sanford, of Bridgeport, Conn., and over two hundred others.

This first gathering of the association proved such an extremely pleasant occasion to all who were present that the success of the association is assured and ne xt year it will be difficult to find a banqueting hal large enough to accommodate the number who will desire to attend, because the ladies enjoyed it so muchl they are all anxious for its repetition.

The Southern Association meeting for this year, which was held at Chattanooga on the 14th, 15th and 16th of last month, was, in many ways, among the most successful that association has yet held. The attendance was not quite as large as upon one or two previous occasions, but it was an exceedingly enthusiastic and profitable meeting, very much enjoyed by all who were so fortunate as to be present. The professional part of the programme was of a high order, and many very interesting papers were read and extensively discussed. These will appear in due process of time in the official organ of the association, the *Southern Journal of Homeopathy*, whose editor, Dr. Price, was president of the society, presiding over its deliberations at Chattanooga. The next meeting will be held at St. Louis, which, while somewhat out of the territory in which the Southern Association's missionizing work is most needed, is yet a Southern city, and, perhaps, entitled to an occasional session. Dr. Richardson, of St. Louis, was chosen president; Dr. French, of Chattanooga, and Dr. Millsop, of Bowling Green, vice-presidents; Dr. Mayer, of New Orleans, recording secretary; Dr. Gutherz, of St. Louis, corresponding secretary; and Dr. Duffield, of Huntsville, treasurer. Dr. F. H. Orme was appointed necrologist for the ensuing year, a position he occupied last year. His report at Chattanooga covered the life-work and death of two of the most distinguished of the Homeopathic physicians of this country, Dr. W. H. Holcombe and Dr. J. P. Dake, both of whom were friends and intimate colleagues of Dr. Orme for many years.

The next meeting of the association will be held in November of Next year, the exact dates to be selected by the executive committee. The following chairmen of bureaus were appointed: Dr. James A. Young, Hopkinsville, Ky., materia medica; Dr. D. G. Curtis, of Chattanooga, clinical medicine; Dr. W. E. Green, Little Rock, surgery; Dr. S. S. Stearns, Washington, pedology; Dr. George D. Troutman, Louisville, ophthalmology; Dr. A. L. Monroe, Louisville, orificial surgery; Dr. E. H. Price, Chattanooga, sanitary science; Dr. E. S. Bailey, Chicago, obstetrics; Dr. Susan Hicks, Atlanta, gynecology; Dr. H. R. Stout, Jacksonville, registration, statistics and history.

Besides the strictly professional work of the session an entertaining social programme was provided by the local profession. Among other features of the meeting the following resolutions, introduced by Dr. Orme, were unanimously adopted as the sense of the association relation to advertising:

Whereas, Through lack of information as to the position of the association or from misconception of duty, members have in some cases been found engaged in advertising, and in using secret remedies, etc., contrary to the ethics of the profession; and,

Whereas, It is proper that the association should make a renewed and emphatic declaration upon the subject; therefore, be it

Resolved, That the Southern Homeopathic Medical Association reaffirms its adoption of, and adherence to, the Code of Ethics of the American Institute of Homeopathy, Sec. 3 and part of Sec. 4 of Part II., which read thus: "The physician should not resort to public advertisements, or private cards, or handbills inviting the attention of persons affected by particular diseases, or publicly offering advice or medicine to the poor gratis, or promising radical cures. Neither should he publish cures or operations in the daily prints, nor invite laymen to be present at operations; nor solicit or exhibit certificates of skill and success, nor perform any similar act. It is equally derogatory to professional character for a physician to hold a patent for any nostrum, or any surgical instrument or appliance, or to keep secret the nature or composition of any medicine used by him," etc.

Resolved, That, while offenses of this character in the past may be overlooked as being due to misapprehension, all physicians holding membership in the association will be expected to observe strictly the ethical rules referred to, or withdraw from membership; otherwise they will be expelled in disgrace. The membership of this association shall be free from any charge of quackery in any form.

Among those present who have been faithful attendants upon the meetings of the association almost since its organization, were: Drs. Orme, Henry, Stout, Mayer, Green, Duffield, Whitman, Monroe, Hardenstein, Millsop, Gutherz, Ballard and many others. Dr. Orme is reported to have acted as a sort of balance-wheel to the association, keeping things in line and seeing that everything went off smoothly and satisfactorily to all present. There was a large addition to the list of members of the association and its prospects for the future have never been brighter.